Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90002 012 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9400035383

1. Corporatio							
Principal Place of Business Mailing Address					i radiidhi red ibtis dibii adiii dalii daliis dalii daliis) 4 11 44 111 4 1 (4	AND CHE HOUS
6508 N.W. 53 TERR. 6508 N.W. 53RD TERR.							
GAINESVILLE FL 32653 GAINESVILLE FL 32653				DO NOT WRITE IN THIS SPACE			
US		US			3. Date Incorporated or Qualifed		
,					05/06/1994		ļ
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Appl	lied For
21	26				59-3271992	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 Ad	Iditional
22		27			5. Certificate di Status Desired	Fee Req	uired
City & Stat	е	City & State			6. Election Campaign Financing	\$5.00 M	lay Be
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country Zip Co			у	8. This corporation owes the current year Intang		7
24	25		30		Personal Property Tax. 10. Name and Address of New Registered Age		□No
 -	9. Name and Address of Curren	it Registered Agent	8	Name	10. Name and Address of New Registered Age	<u> ant</u>	
CUR	ITIS, ROBERT H		Ľ				
6508 N.W. 53 TERR.				Street Add	ress (P.O. Box Number is Not Acceptable)		
GAINESVILLE FL 32653				3	The state of the s		
		•		<u> </u>			
			84	City	FL	85 Zip Co	de
l office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligation Signature, typed or printed name of registered age	of Florida. Such change was at ations of, Section 607.0505, Flor	uthorized by rida Statute	the corporati	poration submits this statement for the purpose of cha on's board of directors. I hereby accept the appointm	anging its re ent as regis	gistered stered
12.		ND DIRECTORS	13.	ant aignatore require	ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTOR	S IN 12
TITLE	PD	DELETE	1.1 TITLE			Change	Addition
NAME	CURTIS, ROBERT H		1.2 NAME				Ì
STREET ADDRESS	6508 N.W. 53 TERR.		1.3 STREE	TADORESS			
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY-				
TITLE	STVD	☐ DELETE	2.1 TITLE			Change	Addition
NAME	CURTIS, MICHELE C		2.2 NAME				
STREET ADORESS			2.3 STREE	ET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL		2. 4 CITY-	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change	Addition
NAME	,		3.2 NAME	ĺ			ļ
STREET ADORESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		.,	
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME	<u> </u>			Ì
STREET ADDRESS			4.3 STREE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY-:	ST-ZIP	· .		
TITLE		☐ DELETE	5.1 TITLE] Change	Addition
NAME	}		5.2 NAME				ł
STREET ADDRESS				ET ADDRESS			ĺ
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
ĺππle		☐ DELETE	6.1 TITLE	1	·	? Change	☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation or the receiver or to Block 12 or Block 13 if changed, or on an attachment w

6.2 NAME

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

352.316.9219