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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # POACCOCCETOR

1. Corporation									
Principal Place of Business Mailing Address							##111 mp168 (1116 91111 ti)#1# III) () () () () () () () () () (
1690 RAYMOND DIEHL RD. 1690 RAYMOND DIEHL RD.									
C-6 C-6						DO NOT WRITE	IN THIS SDACE		
TALLAHASSEE FL 32308 TALLAHASSEE FL 32308						DO NOT WRITE IN THIS SPACE			
US		US				3. Date Incorporated or Qualifed			1
		Ta Mailing Address				05/16/1994 4. FEI Number		Appl	ied For
2. Principal Place of Business 2a. Mailing Address						59-3246997	}		Applicable
Suite, Apt.	# 010	Suite, Apt. #, etc.					\$8.7		ditional
	#, etc.	27	೮೭೪			5. Certifcate of Status Desired	- Fee	Requ	uired
City & State		City & State				6. Election Campaign Financing	\$5.0)0 M	lay Be
23	•	28				Trust Fund Contribution		ed to	
Zip	Country	Zip	Country	y		8. This corporation owes the currer	nt year Intangible		
24	25	·	30			Personal Property Tax.	☐Yes	Ξ	□No
	9. Name and Address of Current				ANALYS	10. Name and Address of New Re	gistered Agent		
	_		81		Name				1
RUSSELL, DIXIE				2 ;	Street Addre	ess (P.O. Box Number is Not Acceptab	le)	—	
3360 CAPTIAL CIRCLE N.E.			"	Π`	Ou con madre				
TALLAHASSEE FL 32308			83	3					
			84	٠,	City		- 85 Z	Zip Co	nde
					•		FL	•	
office or n agent. I a	to the provisions of sections of vice some sections of the State of m familiar with, and accept the obligation of the section	ons of, Section 607.0505, Flor	ida Statute:	3.		oration submits this statement for the pin's board of directors. I hereby accept divine the pin statement for the pin's board of directors. I hereby accept divine reinstating)	the appointment as	regi	stered
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFF	CERS AND DIREC	TOR	S IN 12
TITLE	D	☐ DELETE	1.1 TITLE				☐ Chan	ge	Addition
NAME	ELLIOTT, SAM		1.2 NAME						ļ
STREET ADDRESS	1690 RAYMOND DIEHL RD., C-6		1.3 STREE	T AL	DORESS				}
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-1						
TITLE			2.1 TITLE				☐ Chan	ge	☐ Addition
NAME	RUSSELL, DIXIE								
STREET ADDRESS	1690 RAYMOND DIEHL RD., C-6	1	2.3 STREE	T AE	DORESS				
CITY-ST-ZIP	_ N= 1			2.4 CITY+ST-ZIP		•			
TITLE			3.1 TITLE	3.1 TITLE			Chan	ge	Addition
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREE	ET AL	DORESS				
CITY-ST-ZIP			3.4. CITY-	ST-2	ZIP				
TITLE		☐ DELETE	4.1 TITLE				☐ Char	ige	Addition
NAME			4. 2 NAME	=	•				
STREET ADDRESS			4.3 STREE	ET AL	DORESS				
CITY-ST-ZIP			4.4 CITY-	ST-Z	ZIP				
TILE	,	☐ DELETE	5.1 TITLE				Char	nge	☐ Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	ET AI	DORESS				
CITY-ST-ZIP			5.4 CITY-	ST-Z	ZIP		***		
TITLE		☐ DELETE	6.1 TITLE				☐ Chan	ge	Addition
NAME			6.2 NAME						

CITY-ST-ZIP 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, of on an attachment with an address, with all other like empowered. 3-30-99

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

(850)385-4646