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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**DIVISION OF CORPORATIONS** 

## Katherine Harris Secretary of State

Apr 30, 1999 8:00 am Secretary of State 04-30-1999 90060 039 \*\*\*150.00

DOCUMENT # P94000037565

1, Corporation Name

Principal Place	e of Business	Mailing Address								
5380 CYRIL DR 5380 CYRIL DR			,				`.			
DADE CITY FL 33528 3 DADE CITY FL 33528 3						, n	O NOT WR	TE IN THIS	SPACE	
						3. Date Incorporated			OI AUE	
		·				05/13/1994				
L	lace of Business	2a. Mailing Address				4. FEI Number	₹.		<del></del>	oplied For
21		26				59-3246256				ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Statu	s Desired			Additional equired
22		27				<del> </del>				
City & State	· ·	City & State				6. Election Campaig  Trust Fund Contril	_			May Be to Fees
23	Country		Count	····		+		rant voor Int		10 1 865
Zip 24 <i>335</i>		— ` <u> </u>	30	. y		8. This corporation of Personal Property		rent year mu	Yes	⊠No
24 <i>335</i>	9. Name and Address of Current		30		-	10. Name and Addre		Registered A		
	S. Hallo dita Address of Ostron		8	1 Na	me					
SHE	LTON, CAROLINE		Ļ				A)			
5380	CYRIL DR		.8	32 Str	eet Addre	ess (P.O. Box Number is	Not Accept	abie)		
DAD	E CITY FL 33528 3		8	13		-				
			8	14 Cit	у		· · · · · · · · · · · · · · · · · · ·	FL	85 Zip	Code
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of the familiar with, and accept the obligation	or Florida, Such change was au ions of Section 607 0505. Flori	da Statute	oy ine d es.	prporatio	irs board of directors.	norchy acco	pt tile appoil	unient as re	3.0.0.0
office or n agent. I a SIGNATURE	egistered agent, or both, in the State of the obligation familiar with, and accept the obligation of the state of the stat	ions of, Section 607,0005, Flori	ida Statute	<b>#</b> 5.		when reinstating)		DATE /		. Lyo
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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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.