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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000039315

1. Corporation Name

	-, v	
Principal Place of Business	Mailing Address	
8732 CRATER TERR LAKE PARK FL 33403	8732 CRATER TERR LAKE PARK FL 33403	
		,

Feb 17, 1999 8:00 am Secretary of State

02-17-1999 90015 050 ***150.00

		Mailing Address 8732 CRATER TERR LAKE PARK FL 33403			ì	DO NOT WRIT			
	 -					05/20/1994 4. FEI Number			-Und Con
	Place of Business	2a. Mailing Address				65-0510592		· -	plied For t Applicable
Suite, Apt.	# 5.5	Suite, Apt. #, etc.				T		\$8.75	
22 Suite, Apr.	т, ыс.	27 Suite, Apr. #1 616.				5. Certificate of Status Desired	<u> </u>	Fee Re	
City & Sta	te	City & State				6. Election Campaign Financing		\$5.00	
23	<u> </u>	28				' Trust Fund Contribution		Added	o Fees
Zip	Country	Zip	Count	ry		8. This corporation owes the curre	ent year Int		
24	25	29	30			Personal Property Tax.		Yes	□No
	9. Name and Address of Cu	rrent Registered Agent		ial -	Nama	10. Name and Address of New R	egistered	Agent	
MAA	ICY SLATER		8	11 N	Name				•
	2 CRATER TERR.		8	32 5	Street Addre	ess (P.O. Box Number is Not Accepta	ible)		
	E PARK FL 33403		<u> </u>	_			21 190142		2 (12 12 7 1 7 2 7 2 7 2 7 2 7 2 7 2 7 2 7
LAN	E PARK FE 33403		6	33					等数数
			8	34 C	City	126 25 = 2 8 61 23		85 Zip (Code
agent. Fa	to the provisions of Sections 607 registered agent, or both, in the Stam familiar with, and accept the ob	0502 and 607.1508, Florida Statut tate of Florida. Such change was a digations of, Section 607.0505, Flo	tes, the abo authorized b orida Statute	ove-na by the es.	named corpo e corporation	oration submits this statement for the n's board of directors. I hereby accep	purpose of t the appoi	cnanging its ntment as re	registered gistered
11, Pursuant office or agent. I a	to the provisions of Sections 607 registered agent, or both, in the Stam familiar with, and accept the ob-	oligations of, Section 607,0505, Fig	onda Statuti	es.		when reinstaling).	DATE	-	
agent. Fa	am familiar with, and accept the of Signature, typed or printed name of registered OFFICERS	agent and title if applicable. (NOTE	: Registered A	es. gent sig		when reinstating). ADDITIONS/CHANGES TO OFF	DATE	ID DIRECTO	RS IN 12
agent. I a	Signature, typed or printed name of registered OFFICERS	d agent and title if applicable. (NOTE	: Registered Ac	gentsk		when reinstaling).	DATE	-	
agent. I a SIGNATURE 12.	Signature, typed or printed name of registered OFFICERS PD SLATER, NANCY A	agent and title if applicable. (NOTE	: Registered A	gentsk		when reinstating). ADDITIONS/CHANGES TO OFF	DATE	ID DIRECTO	RS IN 12
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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 changes or on an attachment with an address, with all other like empowered.

SIGNATURE: