PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Jul 01, 1999 8:00 am Secretary of State

07-01-1999 90007 047 ***158.75 08-03-1999 90001 025 ***400.00

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Principal Plac	oe of Business	Mailing Address			174 01 550 1010 gibit obist o	Deft Wifelt Walth W	NAMES AND AND AND	158 i lling ifter samt
212 N. U.S. HIGHWAY 1 212 N. U.S. HIGHWAY 1 SUITE 17 SUITE 17 TEOUESTA FL 33469 TEOUESTA FL 33469					DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed			
2 Drivering C	Place of Business	2a, Mailing Address		05/31/1			11.	Applied For
21 Principal P	riace of Business	26 Masking Address		65-053				Not Applicable
Sulte, Apt.	. #. etc.	Suite, Apt. #, etc.				8(Additional
22	-	27		5. Certificate	of Status Desired	*	Fee I	Required
City & Sta	ita	City & State	_		ampaign Financing d Contribution	🗖		May Be
Zip	Country	Zip	Country	8. This corp	oration owes the curr	ent year inta		
24	25	29 30			Property Tax.		Xes .	□ No
	9. Name and Address of Curren	it Registered Agent	81 Nam		d Address of New F	tegistered A	lgent	
	DOLLY CLASSIF IN ID E		1					
MURPHY, EUGENE W JR E 340 ROYAL PALM WAY PALM BEACH FL 33480			82 Stree	et Address (P.O. Box N	umber is Not Accepta	able)		
			83					
	2W DE 1011 1 2 00 100	•	<u> </u>				85 Zh	Code
11. Pursuant	to the provisions of Sections 607.050; registered agent, or both, in the State	2 and 607.1508, Florida Statutes, of Florida, Such change was auth	the above-name	d corporation submits to poration's board of dire	his statement for the ctors. I hereby accep	FL purpose of c at the appoin	11	-
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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 stignature 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.

8.3 STREET ADDRESS

8.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP