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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sathcrine Harris

## FILED May 17, 1999 8:00 am Secretary of State

	_ REPORT <b>)99</b>			SION OF CORP	ORATION		05-17-1999 9009	,		
Corporation N	ENT # P	940000 ARE, INC	52149						11 <b>03</b> ) 11 <b>0</b> 1) 01910 11	
			Mailing Addres	ss						
Principal Place o			5418 LOMA VIS	STA LOOP				: SE		
418 LOMA VISTA LOOP NAVENPORT FL 33837			DAVENPORT FL 33837				DO NOT WRITE IN THIS SPACE			
S			US				3. Date Incorporated or Qualifed			Ì
							07/14/1994 4. FEI Number		Applied	For
2. Principal Plac	of Business		2a. Mailing Ad	dress			59-3256586		Not Ap	
<del></del>	A Of Edginoop		26				<del></del>		\$8.75 Addit	
Suite, Apt. #,	etc.		Suite, Apt	i. #, etc.		•	5. Certifcate of Status Desired		Fee Require	
2	·		27 City & Sta				6. Election Campaign Financing		\$5.00 May Added to Fe	
City & State			<b>├</b> ─┐ '				Trust Fund Contribution	ant was later		
23		untry	28   Zip		Country		8. This corporation owes the curr Personal Property Tax.	ent year intai	X Yes	No.
Zip			29	30			10. Name and Address of New f	Registered A	gent	
24	9. Name and A	Idress of Current	Registered Age	ent	81	Name	10. 142.110 2.10			
							ress (P.O. Box Number is Not Accept	able)		
EMBE	RTON, KENNET	H			82	Street Addi	ress (P.O. Box Number to very			
5418	LOMA VISTA LO	)UP			83					
DAVE	NPORT FL 3383	) í							85 Zip Cod	ie
D7111	•				94	City				
	· ·		2 and 607.1508.	Florida Statutes	, the abov	City	poration submits this statement for the	FL e purpose of c ept the appoin	changing its re- itment as regis	gistered tered
•12	to the provisions o egistered agent, or m familiar with, and	Sections 607.0502 both, in the State of accept the obligat	nt and title if applicable.		, the above horized by da Statutes	e-named corporations.	poration submits this statement for the ion's board of directors. I hereby accertified when reinstating)  ADDITIONS/CHANGES TO O	e purpose of cept the appoin	D DIRECTOR	S IN 12
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I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I Turriner Certify that I am are 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 are 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.

SIGNATURE: