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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400055874

1. Corporation Name

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Principal Pla	ce of Busines	is	Mai	iling Address					II 1000 A DEGA ARBA
914 SINCLAIR	ST		.1 14	ICKAY COMPANY			··		
518 MAJORCA COURT 518 MAJORCA COURT									
SATELLITE BEACH FL 32937 SATELLITE BEACH FL 3293					2937		DO NOT WRITE IN TH	IIS SPACE	
US US							3. Date incorporated or Qualifed		
	•						07/26/1994		
2. Principal I	Place of Busin	ness		Mailing Address			4. FEI Number	A	pplied For
21			26				59-3265260		ot Applicable
Suite, Apt. #, etc.			⊢	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional
22			27	01.00.1			The state of the s		tequired
City & State			— —	City & State			6. Election Campaign Financing \$5.00 May Be		
23 Tin		Cariatar	28	7:_	O		Trust Fund Contribution		to Fees
Zip		Country	⊢ ¬	Zip	Countr	у .	8. This corporation owes the current year		<u>.</u>
24	O Nomo	25 	29	anad Amand	30		Personal Property Tax.	Yes	□No '
	9. Name	and Address of C	urrent Registe	erea Agent	84	1 Name	10. Name and Address of New Registere	a Agent	
l kw	itkowski,	JAMES			.	i iiaiiio			
518 MAJORCA CT.					82	2 Street Add	Iress (P.O. Box Number is Not Acceptable)		
		ACH FL 32937			83	2			61.311
		(011 / 2 0200)			0.	1			
					84	4 City	a a a a a a a a a a a a a a a a a a a	85 Zip	Code
44.5						<u> </u>	_	<u>L </u>	
office or	reaistered aa	ent, or both, in the S	State of Florida	7.1506, Florida Stati	utes, the abov	ve-named corp	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	of changing its pointment as re	s registered enistered
						y ine corporati	ion s board of directors, i hereby accept the abi		
agent. I a	am familiar wi	ith, and accept the o	obligations of, S	Section 607.0505, F	lorida Statute	s.			,
agent. I a	am familiar wi	ith, and accept the o	obligations of, S	Section 607.0505, F	lorida Statute	S.		19	,
agent. I a	am familiar wi	or printed name of register	obligations of, S	Section 607.0505, Flapplicable. (NOT	Orida Statute:	S.	ed when reinstating) DATE		· · · · · · · · · · · · · · · · · · ·
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SIGNATURE 12.	Signature, typed	or printed name of register	obligations of, S	Section 607.0505, Flapplicable. (NOT	TE: Registered Age 13.	S. ent signature require	ed when reinstating) DATE		· · · · · · · · · · · · · · · · · · ·
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 08, 1999 8:00am

Secretary of State

02-08-1999 90058 006 ***150.00