Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90027 002 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000064692

1. Corporation Name

Principal Place	of Business	Mailing	Address									
ļ '	•				1							
101 GARLAND PALM HARBOR			P.O. BOX 577 PALM HARBOR FL 34682-0577 US									
FALM ISANOON	FE 34003						DO NOT WRITE IN THIS SPACE					
							3.	Date Incorporated or Qualifed				
į								08/31/1994				
2. Principal Pl	ace of Business	2a. Ma	2a. Mailing Address				4.	FEI Number			App	ied For
21		26	26					59-3265183			Not	Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				1_			\$8.	75 Ac	Iditional
22		27	27				3.	Certificate of Status Desired		Fe	e Req	uired
City & State			City & State				6.	Election Campaign Financing		\$5	, 00.	lav Be
23		28	28					Trust Fund Contribution		Ad	ded to	Fees
Zip				Country	7		8.	This corporation owes the curr	ent year Inta	ingible		
24	25	29	30				1	Personal Property Tax.	-	Yes	. [□No
9. Name and Address of Current Registered Agent							10.	Name and Address of New I	Registered A	lgent		
				81	П	Name						
JURADO-BAS, ADALBERTO					Η,	Street Addre	ddress (P.O. Box Number is Not Acceptable)					
101 GARLAND CIRCLE				82	Sugar Address (C.O. Dox reminer to rear Acceptable)							
PALM HARBOR FL 34683-5171					+							
				┕	┖							
ļ				84	· '	City			FL	85	Zip Co	oae
11. Pursuant office or n	to the provisions of Sections 607.0 egistered agent, or both, in the Stat m familiar with, and accept the obli	502 and 607.1 te of Florida. S gations of, Sec	508, Florida Statutes, such change was auth ction 607.0505, Florida	the abov orized by a Statutes	e-r the	named corpo ne corporatio	oration n's bo	n submits this statement for the pard of directors. I hereby accep	purpose of on the appoint	hangin tment a	ng its r as regi	egistered stered
SIGNATURE	Signature, typed or printed name of registered a	ngent and title if app	icable (NOTE: Re	aistered Age	nt si	signature required	l when i	reinstating)	DATE			
12. OFFICERS AND DIRECTORS 13.								ADDITIONS/CHANGES TO OF	FICERS AN	D DIRE	CTOF	RS IN 12
TITLE	0,1,02,10,1112,0112,011			1,1 TITLE	1.1 TITLE					Cha		☐ Addition
NAME				1.2 NAME								
STREET ADDRESS	101 GARLAND CIRCLE 13			1.3 STREET ADDRESS								
CITY-ST-ZIP	PALM HARBOR FL 34683			1.4 CITY+ST+ZIP								
TITLE				2.1 TITLE					Cha	ange	☐ Addition	
NAME	JURADO, EUNICE S 22			2.2 NAME								
STREET ADDRESS				2.3 STREE	2.3 STREET ADDRESS				- /			
CITY-ST-ZIP	04444440000 51 04000				2. 4 CITY-ST-ZIP			•	• .		-	
					3.1 TITLE					Cha	ange	☐ Addition
NAME			_	3.2 NAME								
NAME				3.3 STREE	ТΔТ	IDDRESS						,

CITY-ST-ZIP 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.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

☐ DELETE

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

☐ Change

Change

Change

☐ Addition

☐ Addition

Addition