## 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 # P94000071426

# **FILED** Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90138 040 \*\*\*150.00

RUSSELL BEAUDOIN IND. IN	IC.			
Principal Place of Business	Mailing Address		T I ADBANDAN BAD IDAN DERNA BRANA DRANA DRANA DRANA	
13969 COUNTRY PLACE DR 13969 COUNTRY PLACE D ORLANDO FL 32826 ORLANDO FL 32826		₹	DO NOT WRITE IN THI	S SPACE
			3. Date Incorporated or Qualifed	
			09/20/1994	
2. Principal Place of Business	2a. Mailing Address	<del></del>	4. FEI Number	Applied For
21	26		59-3271930	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27			· · · · · · · · · · · · · · · · · · ·
City & State	City & State		6. Election Campaign Financing Frust Fund Contribution	<b>\$5.00</b> May Be Added to Fees
Zip Country	28 Zip	Country	This corporation owes the current year limits.	
	<u> </u>	30	Personal Property Tax	Yes □No
	of Current Registered Agent	301	10. Name and Address of New Registered	d Agent
<u> </u>	3	81 Name		
BEAUDOIN, RUSSELL		82 Street Addi	ress (P.O. Box Number is Not Acceptable)	
13969 COUNTRY PL DR		62 Street Addi	ress (F.O Box Number is Not Acceptable)	
ORLANDO FL 32826		83		
		0.1		85 Zip Code
		84 City	F	L S Zip code
	CERS AND DIRECTORS	Registered Agent signature require	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
TITLE D	☐ Dece le	11 TITLE		_ cu.go
NAME BEAUDOIN, RUSSELL STREET ADDRESS 13969 COUNTRY PL D	ND.	1.2 NAME 1.3 STREET ADDRESS		
07, 11, 70 51 00000	en.	: 1 CITY - ST- ZIP		
CITY-ST-ZIP ORLANDO FL 32826	☐ DELETE	2 1 Title		Change Addition
NAME		2.2 NAME		
STREET ADDRESS		23STREET ADDRESS		
CITY-ST-ZIP		2.4003-87.79		
TITLE	- — DELETE	31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE	☐ DELETE	4 1 TITLE		Change Addition
NAME		4 2 NAME		
STREET ADDRESS				
CITY-ST-ZIP		4.3 STREET ADDRESS		
TITLE		4.3 STREET ADDRESS 4.4 CITY+ST-ZIP		
NAME	☐ DELETE	4.4 CITY+ST+ZiP 5.1 TITLE		☐ Change ☐ Addition
) NOWICE	☐ DELETE	4.4 CITY+ST+ZIP 5.1 TITLE 5.2 NAME		☐ Change ☐ Addition
STREET ADDRESS	☐ DELETE	44 CITY-ST-ZIP 51 TITLE 52 NAME 53 STREET ADDRESS	<u></u>	☐ Change ☐ Addition
STREET ADDRESS CITY- ST- ZIP		44 CITY-ST-ZIP 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP		
STREET ADDRESS	☐ DELETE	44 CITY-SI-ZIP 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-SI-ZIP 61 TITLE		
STREET ADDRESS CITY- ST- ZIP		4 4 CITY-SI-ZIP 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-SI-ZIP 61 TITLE 62 NAME		
STREET ADDRESS CITY-ST-ZIP TITLE		44 CITY-SI-ZIP 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-SI-ZIP 61 TITLE		

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 suppliemental 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:

USSEU Beaudoin