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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000072475

Principal Place of Business	Mailing Address
201 S.W. PAGODA TERRACE PORT ST. LUCIE FL 34984	201 S.W. PAGODA TERRACE PORT ST. LUCIE FL 34984

FILED Feb 20, 1999 8:00 am Secretary of State 02-20-1999 90107 008 ***150.00

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Principal Pla	ace of Business	Mailing Address					
OM OW BLOOD TERMS						**** ****** ****	***
	1 S.W. PAGODA TERRACE 201 S.W. PAGODA TERRACE PORT ST. LUCIE FL 34984 PORT ST. LUCIE FL 34984						
					DO NOT WRITE IN TH	IIS SPACE	
					3. Date Incorporated or Qualifed		
2. Principal	Place of Business	2a. Mailing Address			09/28/1994		
21	26				4. FEI Number		pplied For
Suite, Ap	Suite, Apt. #, etc. Suite, Apt. #, etc.				65-0524744		lot Applicable
City & St		27			5: Certificate of Status Desired		Additional lequired
City & Sta	ate .	City & State			6. Election Campaign Financing	\$5.00	May Be
Zip	Country	28			Trust Fund Contribution	Added	to Fees
4	25	Zip 29	Cοι 30	intry	This corporation owes the current year I Personal Property Tax.	Intangible	TXN0
	Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registere		- 75 °
				81 Name		a Agent	
	ALL, NANCY P			82 Street Addr	(0.0.0		
	S.W. PAGODA TERRACE			02 Street Addr	ess (P.O. Box Number is Not Acceptable)		ĺ
POI	RT ST. LUCIE FL 34984			83		<u> </u>	
				24 00			
				84 City	F		Code
office or agent. I a	am familiar with, and accept the obliga	J2 and 607.1508, Florida Statute of Florida. Such change was au ations of, Section 607.0505, Flori	s, the al thorized da Stati	oove-named corporation the corporation that it is the corporation the corporation that is the corporat	oration submits this statement for the purpose on's board of directors. I hereby accept the appropriate the purpose of the pur	of changing its ointment as re	registered egistered
OIGNATORE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:	Registered	Agent signature required	d when reinstating) DATE		
12.	OFFICERS AN			9 3			
		ND DIRECTORS	13.			ND DIRECTO)RS IN 12
TITLE	P	DELETE	13. 1.1 TIT	LE	ADDITIONS/CHANGES TO OFFICERS A		DRS IN 12
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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.

IGNATURI	Ε
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561-878-7486

Daytime Phone #