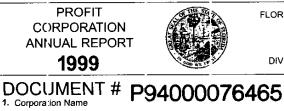
## ELLE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 29, 1999 8:00 am Secretary of State 04-29-1999 90108 038 \*\*\*150.00 FLORIDA DEPARTMENT OF STATE Katherine Harris



		Mailing Address 2503 HIGHWAY 60 EAST VALRICO FL 33594		DO NOT WRITE IN TH	
2 Oringing F	Place of Business	2a. Mailing Address		10/17/1994 4. FEI Number	Applied For
	Tace of business	26		59-3276849	Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certifcate of Status Desired	Fee Recuired
City & Sta	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Cour try	Zip	Country	8. This corporation owes the current year	
24	25	29	30	Persor al Property Tax.	¥Yes ☐No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registere	d Agent
2503	NDOE, BRIAN 3 HWY 60 E RICO FL 33594		81 Name	TAIAL KAZLOGUY dress (P.O. Box Number is Not Acceptable) 2503 Hiwy 60 E. /Alvico, Fl 33	es Zin Cade
office cri agent. Fa	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed of printed ne or registered ag	e of Florida, Such change was ations of Section 607.0505, Florida and title if applicable.  (NOT	Buthorized by the corpora orida Statutes.  E. Registered Agent signature requ	3,	( · 9 9
12.		NI) DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition 7
TITLE	P\$	DELETE	1.1 TITLE	PS Talal Kuzbur	Jaconarige D'Addition
NAME	-MCINDOE; BRIAN D			Talat Rue-ul	l g
STREET ADDRESS			1.3 STREET ADDRESS	2503 Havy 60 E	E) (
CITY-ST-ZIP TITLE	VALRICO FL 33594	☐ DELETE	1.4 CITY-ST-ZIP	valville FL 333	Change Addition
NAME		_	2 2 NAME		
STREET ADORESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS	3		3 3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS	5		4.3 STREET ADDRESS		
C/TY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS	6		5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS	al .		6 3 STREET ADDRESS		1
			6.4 CiTY-ST-ZIP		1

14. I hereby certify that the informal ion 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 attact ment with an address, with all other like empowered.

SIGNATURE: \_

(813) (840622