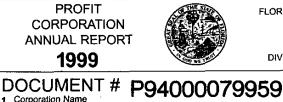
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 19, 1999 8:00 am Secretary of State 04-19-1999 90125 005 ***150.00

нант	994, INC.						
Principal Place	e of Business	Mailing Address					0 (11
12301 SCOTT DR DADE CITY FL 33525 12301 SCOTT DR DADE CITY FL 33525							
					DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed		
					11/01/1994		
Principal Place of Business 2a. Mailing Address					4. FEI Number	Ар	plied For
21 26					59-3276034		t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	\$8.75 A	
22 27					0 , 00,	Fee Re	quired
City & State City & State					6. Election Campaign Financing	\$5.00	, I
23 28					Trust Fund Contribution	Added t	o Fees
Zip Country Zip			Country		8. This corporation owes the current year in		
24	25		30]		Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent	
cno.	EDTON DONALD		81	Name			
EDGERTON, RONALD			82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
12301 SCOTT DR							
DADE CITY FL 33525		83		•			
			84	City '		85 Zip (Code
				_	oration submits this statement for the purpose o	-	
agent. I a	m familiar with, and accept the obligation	ions of, Section 607.0505, Flori	da Statutes	•	on's board of directors. I hereby accept the appo		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	DPVS	DELETE	1.1 TITLE	1		☐ Change	☐ Addition
NAME			1.2 NAME				
STREET ADDRESS	10001 00077 00		1.3 STREET	ADDRESS			
CITY-ST-ZIP	\ _ · · - · · · · · · · · · · ·		1.4 CITY-S	Į			ļ
TITLE			2.1 TITLE	``		Change	Addition
NAME		2.21					
	<u> </u>		2.3 STREET	ADDRESS			1
STREET ADDRESS			2.4 CITY-S				1
CITY-ST-ZIP	C OF LETT		3.1 TITLE	17-ZIF		☐ Change	☐ Addition (
NAME			3.2 NAME				
	·-		3.3 STREET	TADDRESS			
STREET ADDRESS			3.4. CITY-S				,
CITY-ST-ZIP TITLE	Part Free		4.1 TITLE	17-ZIF		Change	☐ Addition
	· · ·		4, 2 NAME				
NAME			4.3 STREET	ADDDESS	•)
CITY-ST-ZIP	C Delegation		5.1 TITLE	1-217		☐ Change	Addition
TITLE		Poeter	5.1 NAME				
NAME			5.3 STREET	ADORESS			
STREET ADDRESS	1		5.4 CITY-S	• {			
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·]
TITLE		☐ DELETE		-		Change	Addition
		DELETE	6.1 TITLE	, 2.1		Change	Addition
NAME STREET ADDRESS		DELETE				Change	Addition :

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 chapted, or an attachment with an address, with all other like empowered.

SIGNATURE: