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

**PROFIT** CORPORATION ANNUAL REPORT

1999



DOCUMENT # POSOCOOLOGS

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Feb 20, 1999 8:00 am Secretary of State 02-20-1999 90116 011 \*\*\*150.00

1. Corporation	n Name		000									
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Principal Place	e of Business	Maili	ing Address				1		FOREST BETTE AND S		INTERNATION OF THE	
19038 PELICO	RD	PO R	OX 420251				1					
SUGARLOAF FL 33044 SUMMERLAND FL 33042-0251					I			•				
US US								DO NOT WRITE IN THIS SPACE				
								Date Incorporated or Qualifo	ed			
								01/05/1995				
2. Principal Place of Business 2a. Mailing Address						ì	FEI Number		_	Applied For		
21 26							<u> </u>	65-0542347			Not Applicable	
Suite, Apt.	#, etc.	<u> </u>	Suite, Apt. #, etc.				5. 0	Certifcate of Status Desired		•	5 Additional Required	
22		27	2.4.004									
City & Stat	ie	<b>├</b> ─¬	City & State				1	Election Campaign Financir	<sup>ıg</sup> □		00 May Be ed to Fees	
Zip	Country	28	<u>lip</u>	Coun	· A.			Trust Fund Contribution			ed to rees	
	25	29	.ip	30	ı y			This corporation owes the c Personal Property Tax.	urrent year ir	itangible	<b>X</b> No	
24	9. Name and Address of 0		red Agent	30				Name and Address of Nev	v Registered		42110	
	3. Name and Address Of C	ountill regions	red rigon		1 Nan	ne		Talle alla Place of the		- riguin		
BRO	WNING, MICHAEL L											
	APPELROUTH LN			8	2 Stre	et Addres	ss (P.C	O. Box Number is Not Acce	ptable)			
KEY	WEST FL 33040			8	3			· · · · · · · · · · · · · · · · · · ·				
				8	4 City				Fl	85 2	Zip Code	
11 Pursuant	to the provisions of Sections 60	07.0502 and 607	.1508. Florida Statu	tes, the abo	ve-nam	ed comor	ration s	submits this statement for t	he nurnose o	=_ ! f changing	its registered	
office or re	registered agent, or both, in the	State of Florida.	Such change was a	authorized b	y the co	rporation	's boa	ard of directors. I hereby ac	cept the appo	intment a	s registered	
agent Lai	ım tamınar with, and accept the	obligations of, 5	ection but Jobb. Fig									
	,			orida otalar	es.							
SIGNATURE	, ,	ered agent and title if ag	ŕ			re required w	when rein	nstating)	DATE	-	<del> </del>	
SIGNATURE	Signature, typed or printed name of registe	ered agent and title if ap	pplicable. (NOT	E: Registered A		re required w		nstating) DDITIONS/CHANGES TO (		ND DIREC	CTORS IN 12	
SIGNATURE	Signature, typed or printed name of registe		pplicable. (NOT	E: Registered A	gent signatu	re required w				ND DIREC		
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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.

SIGNATURE:

305-745-8820