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

FILED Apr 29, 1999 8:00 am Secretary of State 04-29-1999 90011 001 ***150.00

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MID-FLC 	Prida investment group	?, INC.							
Principal Flac	e of Business	Mailing Address							- AJUIO 1911 1981
126 TARRYTOV LONGWOOD FI		126 TARRYTOWN TRAIL LONGWOOD FL 32750				DO NOT WRITE	IN THIS	SPACE	
						3. Date Incorporated or Qualifed 02/14/1995			
⊢ ¬ '	lace of Business	2a. Mailing Address				4. FEI Number		<u> </u>	oblied For
21		26				59-3311477			t Applicable
Suite, /.pt.	#, etc.	Suite, Apt, #, etc.				5. Certificate of Status Desired			Additional Equired
City & State	a .	City & State				C Sleeting Company Standing			
23	9	28				6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Žip	Cot ntry	Zip	Country	у		8. This corporation owes the current	t vear Inta		
24	25	29	0			Personal Property Tax.	.,	Yes	No
	9. Name and Address of Current	t Registered Agent				10. Name and Address of New Re	gistered /	Agent	
			81	I Na	ame				
	ETT, W. THOMAS ESQ		82	2 St	reet Addre	ss (P.O. Box Number is Not Acceptabl	e)		
	EAST ROBINSON STREET								
J	TE 500		83	3					1
UHL	ANDO FL 32801		84	Ci	ity —			85 Zip	Code
					•		<u> </u>		
11. Pursuant office or r	to the provisions of Sections 607.0502 registered agent, or hoth, in the State (2 and 607.1508, Florida Stalutes	, the abov	∕e-na	med corpo	ration submits this statement for the pu	ırpası∋ of (changing its	registered
0,,,,,,			norized by	the.	corporation	i's board of directors. I hereby accept t	he appoir	ntment as re	aistered
i ageni.Ia	m familiar with, and accept the obligat	tions of, Section 607.0505, Florid	norized by la Statutes	/ the	corporation	i's board of directors. I hereby accept t	he appoir	ntment as re	gistered
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14. I hereby certify that the information supplied vith 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 of 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 attribute 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 of 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 attribute an address, with all other like empowered.

6,4 CITY+ST-ZIP

SIGNATURE:

CITY-ST-ZIF