FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00					APPROVE	r)
COF ANNU	PROFIT RPORATION JAL REPORT 1999		FLORIDA DEPART Katherine Secretary DIVISION OF CO	e Harris of State	AND FILED 99 DEC -8 PM	
1. Corporation	MENT # P95 n Name 2001, INC .	0000237	09		SECRETARY OF STALLAHASSEE, FLO	
Dringing! Dias	n of Puninana	- Religion	Addropp		1	AD HOUR WITH HOUR BOARD WAS MUST
Principal Place of Business Mailing Address 903 3RD ST. 5226 BARRYMORE DR						
CAMANCHE IA 52730 CENTREVILLE VA 20120						
					DO NOT WRITE IN TH	IS SPACE
					3. Date Incorporated or Qualified 03/23/1995	ļ
2. Principal P	lace of Business	2a. Mail	ing Address		4. FEI Number	Applied For
49	80 N. Citation D			ation Dr.	NOT APPLICABLE	Not Applicable
Suite. Apt.	#, etc.	Suite	, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Stat	pt. \$105		07. + 105 & State	5		Fee Required
23 Delr	~	L 28	Delray P	mach Fl	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	•	Country	8. This corporation owes the current year	ntangible
24 3346				O USA	Personal Property Tax.	ŬYes 🕍 vo
	9. Name and Address	of Current Registered	Agent	81 Name	10. Name and Address of New Registere	d Agent
MADCHAII MADRAI MOI					arvin Marshall	
4411 SAN CARLOS				82 Street Add	ress (P.O. Box Number is Not Acceptable)	×
TAMPA FL 33629				83	as M. C. Matton Dr., 410	-
				84 City		85 Zip Code
				Dela	CH Broch F	L 23445
 Pursuant office or r 	to the provisions of Section egistered agent, or both, in	s 607.0502 and 607.15 the State of Florida. Su	08, Florida Statutes ich change was aut	 the above-named corp horized by the corporation 	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its registered cintment as registered
agent la	in familiar with, and accept	the coligations of Sect	607.0505, Florid	ia Statutes.		, 00
SIGNATURE	Siglation, types (Colored)	gislered agent and little if applic	able (NOTE: R	MONYIQ E M	Orshall Yresident d)·6- /7
12.		CERS AND DIRECTO		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	ST		DELETE	1.1 TITLE	800003073	
NAME	MARIO, HERMAN 5226 BARRYMORE RD	1		12 NAVE	-12/17/99	01003001
STREET ADDRESS	CENTREVILLE VA 2013			1.3 STREET ADDRESS	****758.75	****758.75
CITY-ST-ZIP	0		DELETE	1.4 CITY-ST-ZIP 2.1 TITUE		☐ Change ☐ Addition
NAME	Marvin E. Mar.	shall		2.2 NAME		
STREET ADDRESS				2.3 STREET ADDRESS		ļ
CITY-ST-ZIP	Delray Beach,	FC 33445		2.4 CITY-ST-ZIP		
TITLE	VP Bootonsus.		☐ DELETE	3.1 TITLE 3.2 NAME	$\Delta(\lambda)$	☐ Change ☐ Addition
NAME STREET ADDRESS	accient the a	made Court		3.2 NAME 3.3 STREET ADDRESS	The same of the	ĺ i l
City-ST-ZIP	Boca Raton, F			3.4. City-st-zip	ATEMENIAL	
TITLE	VP		DELETE	4.1 TITLE	VSTATEMENT OF	Change
NAME	Dr. Ray Melle	rtry		4.2 NAME	/ (/// //	, V \
STREET ADDRESS		Drive		43 STREET ADDRESS	/ <i>X</i> -X/	
CITY-ST-ZIP		41762	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
TITLE NAME	ST Started the S	Lihal	C DELETE	5.2 NAME		, Lionardo Lineadori
STREET ADDRESS	Elizabeth A.S.	MEVER D.		5.3 STREET ADDRESS		
CITY-ST-ZIP	Boynton Beach			5.4 CITY-ST-ZIP		
TITLE			☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME				6.2 NAME		
STREET ADDRESS.	!			6.3 STREET ADDRESS		

14. Thereby 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 securate and that my signature shall have the same legal effect as if made under early; 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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF BIONING OFFICER OR DIRECTOR

Daylone Phone #

6.4 CITY-ST-ZIP

STREET ADDRESS