Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90074 012 ***150.00

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

DOCUMENT # P95000030156

1. Corporation Name

Principal Place of Business 1266 NE 12 PL OCALA FL 34470 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed O4/13/1995 2. Principal Place of Business 2a. Meiling Address 4. FEI Number Applied F 59-3308318 Not Applied Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired City & State City & State City & State 28 Zip Country Zip Country Zip Country Zip Country Zip Country Since Apt. #, etc. Suite, Apt. #, etc.	
Principal Place of Business 1286 NE 12 PL OCALA FL 34470 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified O4/13/1995 2. Principal Place of Business 2a. Mailing Address 25 25 20 Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State Country Count	
1266 NE 12 PL OCALA FL 34470 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed O4/13/1995 2. Principal Place of Business 2a. Meiling Address 25 Suite, Apt. #, etc. 27 City & State City & State City & State Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country Applied F. 59-3308318 Suite, Apt. #, etc. 5. Certificate of Status Desired Trust Fund Contribution Added to Fees Trust Fund Contribution Added to Fees Added to	()) { 0 0}
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2. Principal Place of Business 2. Applied F. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. City & State 2. Country 2. Country 2. Country 2. Country 2. Country 3. This corporation owes the current year Intangible Personal Property Tax. 3. Name 3. Name and Address of Current Registered Agent 3. Name 3. Name 3. Name 3. Name 4. FEI Number 5. Quite, Apt. #, etc. 5. Certificate of Status Desired 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 6. Election Campaign Financing Added to Fees 7. This corporation owes the current year Intangible Personal Property Tax. 7. Yes No	
2. Principal Place of Business 2. Applied F. 2. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country Applied F. 59-3308318 Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing Trust Fund Contribution Added to Fees Applied F. Not Applie 6. Election Campaign Financing Trust Fund Contribution Added to Fees Applied F. 8. To Certificate of Status Desired Fee Required State City & State 23 Zip Country Zip Country 8. This corporation owes the current year intangible Personal Property Tax. Yes No 9. Name and Address of Current Registered Agent TELLEZ, JOHNNY	
Suite, Apt. #, etc.	For
Suite, Apt. #, etc. Suite, Apt. #, etc.	icable
22 City & State City & Ci	
23 28 Trust Fund Contribution Added to Fees	
Zip Country Zip Country S. This corporation owes the current year Intangible Personal Property Tax. X Yes No	
24 25 29 30 Personal Property Tax. Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. TELLEZ, JOHNNY	<u>s</u>
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name 12. Name 12. Name 12. Name 13. Name	
TELLEZ, JOHNNY	
1200 NE 12 FE	
OCALA FL 34470 83	
84 City 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered	ered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	.
SIGNATURE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE	112
	Addition
NAME TELLEZ, JOHNNY 12 NAME	Ì
STREET ADDRESS 1266 NE 12 PL 1.3 STREET ADDRESS	_\
CITY-ST-ZIP OCALA FL 34470 14-CITY-ST-ZIP	
	Addition
NAME 22 NAME	
STREET ADDRESS 2.3 STREET ADDRESS	
CITY-ST-ZIP	- `-
TITLE ☐ DELETE 3.1 TITLE ☐ Change ☐ A	Addition
NAME 3.2 NAME	
STREET ADDRESS 3.3 STREET ADDRESS	
CITY-ST-ZIP 3.4. CITY-ST-ZIP	Addition
(me	Addition
NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	İ
CITY-ST-ZIP	Addition
NAME 52 NAME	
TITLE	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 changed, or on an attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CiTY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TILE

NAME

☐ DELETE

☐ Addition

Change