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PROFIT CORPORATION ANNUAL REPORT **1999** 



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #	P9500003194	11
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## FILED Feb 26, 1999 8:00 am Secretary of State

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1	SASSA TR	Mailing				• • • • • • • • • • • • • • • • • • •	DO NOT WRITE  3. Date incorporated or Qualified				
							04/20/1995~				
2. Principal P	lace of Business	2a. Ma	iling Address				4. FEI Number		Ap	plied For	
21		26					59-3316339		<u> </u>	t Applicable	
Suite, Apt.	#, etc.	27 Sui	ite, Apt. #, etc.				5. Certificate of Status Desired [	3	\$8.75 A		
City & Stat	ne e	<del></del>	y & State				Election Campaign Financing     Trust Fund Contribution	)	\$5.00 Added t		
Zip	Country	Zip	·		Country		8. This corporation owes the current	year Inta	ngible		
24	25	29		30			- Parsonal Property Tax			□No	_
	9. Name and Address of Current	Registere	d Agent				10. Name and Address of New Reg	istered A	gent		
5415	FFER, DEBORAH 5 W HOMOSASSA TR ANTO FL 34461				81 Name 82 Street 83	Addres Addres	ster Dayate s (P.O. Box Number is Not Acceptable Dw. Homes Ass		100i	Code	
					1 1 7	୯୯୯	intro	FL	1734	46\	
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 registered office or registered-gent, 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 agent. I am familiarly with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed opticited name of registered open or provided in applicable. (NOTE: Registered Agent suprature required when reinstrung)  DAFE											
12.	OFFICERS AND			1	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND		RS IN 12 .	(11/98)
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					.2 NAME	7.	- 11 7 NO-				
NAME	SHAFFER, DEBORAH		_		.2 PMME	b	suglas Shaffer	٠ ٢			8
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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 turther certify that the information indicated on this enrural report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.

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SIGNATURE AND TYPED	OR PRINTED NAME OF	SIGNAL OFFICER OF DIRECTOR