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 # P95000035172

1. Corporation Name

FILED Mar 10, 1999 8:00 am Secretary of State 03-10-1999 90193 004 ***150.00

SALIS	rnings hun Waniiya a L	ANDING, INC.						
Principal Pla	ce of Business	Mailing Addres	SS	_		1 (Benifebr dan 1016) Birdi Beru Beny Beny Beny beru	U 14101 (1104 1104 1104 1	EDAD 4101 4001
,		· ·		ACF				
25711 NORTH EAST 134TH PLACE 25711 NORTH EAST 134TH SALT SPRINGS FL 32134 SALT SPRINGS FL 32134								
						DO NOT WRITE IN TH	S SPACE	
						3. Date Incorporated or Qualifed		
			_			05/01/1995		
	Place of Business	2a. Mailing Ad	dress			4. FEI Number		plied For t Applicable
21	4-1-	Suite, Apt.	# oto			59-3316283	\$8.75	
Suite, Apt	#, etc.	27 Suite, Apr.	#, etc.			5. Certifcate of Status Desired	Fee Re	
22 City & Sta	ate	City & Stat	e	_		6. Election Campaign Financing	\$5.00	May Re
23	iie	28	•			Trust Fund Contribution	•	o Fees
~ Zip	Country	Zip		Country	,	8. This corporation owes the current year	ntangible	
24	25	29	30]		Personal Property Tax.	☐Yes	□No
	9. Name and Address of Cur	rent Registered Agen	t	<u>'</u>		10. Name and Address of New Registere	d Agent	
				81	Name			
	NES, DONALD J JR.	_		82	Street Add	dress (P.O. Box Number is Not Acceptable)		· · · · · · · · · · · · · · · · · · ·
25711 NORTH EAST 134TH PLACE					0.110017100			
SAL	T Springs fl 32134			83				
				84	City		85 Zip (Code
				04	City	F		5000
12.		AND DIRECTORS	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	PVST		DELETE	1.1 TITLE		, DOTTIONO/STITUTES TO C. T. CELLO.	☐ Change	Additio
NAME	DONES, DONALD J JR		1	1.2 NAME				
STREET ADDRES	ACTAL NODELL CART ANATH	PLACE	1	1.3 STREE	TADORESS			
CITY-ST-ZIP	SALT SPRINGS FL			1.4 CITY-S	iT-ZIP			
TITLE	D		DELETE	2.1 TITLE			☐ Change	☐ Additio
NAME	DONES, DONALD J JR			2.2 NAME				
STREET ADDRES		PLACE		2.3 STREE	TADDRESS			
CITY-ST-ZIP	SALT SPRINGS FL			2.4 CITY-5	ST-ZIP			
TITLE			DELETE	3.1 TITLE			Change	☐ Additio
NAME				32 NAME				
STREET ADDRES	s		:	3.3 STREE	T ADDRESS			
CITY-ST-ZIP				3.4. CITY-5	ST-ZIP			
TITLE			DELETE	4.1 TITLE			☐ Change	Addition
NAME				4 2 NAME				
STREET ADDRES	s				TADDRESS			
CITY-ST-ZIP			DELETE.	4.4 CITY-S	T-ZIP			☐ Addition
TITLE		Ц	DELETE	5.1 TITLE				Additio
NAME	1			i			☐ Change	
STREET ADDRES			Ï	5.2 NAME	I ADDOFOS		∐ Change	
	s			5.2 NAME 5.3 STREE	T ADDRESS	1.9.1	∐ Change	
City-St-ZIP	s			5.2 NAME 5.3 STREE 5.4 CITY-S				nichka 🗆
TITLE	s		DELETE	5.2 NAME 5.3 STREE 5.4 CITY-S 6.1 TITLE			☐ Change	Addition
TITLE NAME				5.2 NAME 5.3 STREE 5.4 CITY-S 6.1 TITLE 6.2 NAME	ST-ZIP			☐ Additio
TITLE				5.2 NAME 5.3 STREE 5.4 CITY-S 6.1 TITLE 6.2 NAME	T ADDRESS			☐ 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 ampowered 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 AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR