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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000038439

Corporation Name

OF EMPLEMENTED INC

FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90047 028 ***150.00

OLEANIO I	IUN PHOPENTIES, INC.										
Principal Place	of Business	Mailing Address				1 F####################################	mitter Militer Auf	40 111 78189	141 9 1 (9 16)	**********	1917 1 981
HIGHWAY 27 BOX 328 CLEWISTON FL 33440 CLEWISTON FL 33440 CLEWISTON FL 33440						•	,				
OLLINGTON TE 3340					1	DO NOT WRITE IN THIS SPACE					
						 Date Incorporated o 05/15/1995 	r Qualifed				
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number				Appl	ied For
21	•	26				65-6580 <u>138</u>				Not A	Applicable
	#, etc	Suite, Apt. #, etc.	.,			5. Certifcate of Status	Desired			5 Ad Requ	ditional uired
City & State	3	City & State				6. Election Campaign I	Financing		\$5.	00 м	lay Be
23		28			[]	Trust Fund Contribu	_			ed to	- 1
Zip	Country	Zip	Counti	у		8. This corporation ow	es the curre	ent year Int	angible		
24	25	29	30			Personal Property T			☐ Yes		∃No
	9. Name and Address of Current	Registered Agent				0. Name and Address	s of New R	egistered	Agent		
	NOTON BARRY D		8	1 Name							
	INGTON, BARRY P		8	2 Street	Address	(P.O. Box Number is N	lot Accepta	ble)			`
l	E ATLANTIC BLVD, STE-105		_								
	e 105 Pano Beach FL 33062		8	3 5/4	ite	301					
PUM	PANU BEAUTI PL 33002		8		–		· · · · · ·	·	85	Zip Co	de
				1				FL	.		1
										74	
11. Pursuant to office or reagent. Lar	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	and 607.1508, Florida Statutes of Florida. Such change was autions of, Section 607.0505, Florid	s, the abo thorized b da Statute	ve-named y the corp s.	corporat	ion submits this statem board of directors. I he	ent for the reby accep	purpose of t the appoi	changing ntment a	g its re s regi	egistered stered
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6.4 CITY-ST-ZIP CITY-ST-ZIP 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 addrags, with all other like empowered.