OND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. MOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

OCUMENT #

KING PRINTING & GRAPHICS, INC.

P95000045308

cipal Place of Business

Mailing Address

## **FILED** Sep 10, 1999 8:00 am Secretary of State

09-10-1999 90001 006 \*\*\*550.00



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WEST BRANDON BLVD.			VEST BRANDON B					
NUON FL	33511-4902	BHAN	IDON FL 33511-49	K		DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
!						06/06/1995		
rincipal Place of Business 2a. Mailing Address						4. FEI Number Applied For		
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uite, Apt. #, etc.			<del></del>		59-3321189 Not A	<del></del>		
uite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired Fee Requ			
ity & State City & Sta			ity & State	itate		6. Election Campaign Financing \$5.00 Ma	ау Ве	
		28	8			Trust Fund Contribution Added to Fees		
ip	Country	Zip		Coun	itry	8. This corporation owes the current year		
•	25	29		30		Intangible Personal Property. Yes No		
	9. Name and Address of		ed Agent	<del></del> _	····	10. Name and Address of New Registered Agent		
			<del></del>	1	81 Name			
RAF	BSTEJNEK, STEVEN					Late Address of the A	***************************************	
	W. BRANDON BLVD.			[8	82 Street Add	ress (P.O. Box Number is Not Acceptable)		
		THE TRANSPORT OF THE PARTY OF T	ne date fring tall		The Committee of the Co	August of the Control	1-A (4-71)	
BRANDON FL 33511			·····································		83			
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Pursuan	to the provisions of sections 60	7.0502 and 607.1	508, Florida Statu	ites, the abo	ve-named corpo	oration submits this statement for the purpose of changing its regis	tered	
office or	registered agent or both in the	State of Florida.	Such change was	s authorized	by the corporal	ion's board of directors. I hereby accept the appointment as regis	tered	
agent. I	am familiar with, and accept the	e obligations of, se	ection 607.0505,	-lorida Statu	ites.			
ATURE			-111-4-	NOTE: P!	d Agent simulation	quired when reinstating) DATE	<del></del>	
	Signature, typed or printed name of registe				o Agent signature rec	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	S IN 12	
		RS AND DIRECT		13.			4	
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RABSTEJNEK, STEVEN			1.2 NAM		/ a a a a d a a a a a a a a a a a a a a			
TADDRESS 1353 CORNER OAKS DR.				1.3 STREET ADDRESS 4		101 CHASTAIN RD PEFFIER FL 33584		
T-ZIP	ZIP BRANDON FL 33510			1.4 CITY-ST-ZIP		SEFFLER FL 33387		
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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 changes for on an attachment with an address.

813-681-5060