FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

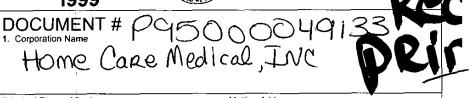
Katherine Harris

Secretary of State

1999

DIVISION OF CORPORATION

Jun 25, 1999 8:00 am Secretary of State 06-25-1999 90008 034 ***158.75



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'		,	V "				18 118 518 6	
Principal Plac	ce of Business	Mailing Address				RI IBIH BBIH	88#8 #8#8 #8	
	0 140th Ave. N. e 160	2155 T	H-10 Ea	st	* 5	580029 - 901	008-34 9	*
1440	O 140 HVe. IV.				DO NOT WE	SOAOTMENT	SPACE -	_
Suit	e 160	in Resumo	nt TX 177	ol –	Date Incorporated or Qualifer		TOTACE	
Cler	ARWATER, FL 337	60	<i>)</i>		6-23-95			
<u></u>	Place of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
21 i .		26			59-332163	8	No	t Applicat
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	1	\$8.75 A	
City & Sta	te	City & State			6. Election Campaign Financing	, D	\$5.00	May Be
23	· · · · · · · · · · · · · · · · · · ·	28			Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	Country		8. This corporation owes the cu	rrent year In		
24	25		10		Personal Property Tax.	Destate	Yes	□No
ļ	9. Name and Address of Curren	t Registered Agent	81 Name		10. Name and Address of New		Agent	
				C^{-}	T Coeporatiu	1 2h	<u>stem</u>	
ļ			82 Street	Addres	South Piv	table)	and 1	Road
1			83	χ.	SOUTH PIV	16 12	<u>wha</u>	INCOM
								
ì			84 City	100	ata tim	FL	85 Zip C	sode みつこし
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	s, the above-named	corpor	ration submits this statement for th	e purpose of	changing its	registered
i office or i	registered agent, or both, in the State of amount and accept the obligations are the obligations.	of Florida. Such change was au	thorized by the com	poration	's board of directors. I hereby acco	apt the appoi	intment as reg	gisterea
SIGNATURE								
SIGNATURE	Signature, typed or printed name of registered agen	<u></u>	Registered Agent signature	required v		DATE		
12.	OFFICERS AN		13.	ا	ADDITIONS/CHANGES TO O	FFICERS AF	Change	RS IN 12 ∏Addi
TITLE	Tom Boach	DELETE	1.1 TITLE	100	FO		Change	[_] Addi
NAME	ļ. ··	,	1.2 NAME	1700	dd Cheistophes O Thuras Rd			
STREET ADORESS			1.3 STREET ADDRESS		Aumont, Tx 7	7706		
TITLE		DOELETE	1.4 CITY-ST-ZIP 2.1 TITLE			1 .00	Change	Addi
NAME	Roger macchella	in Special	2.2 NAME	14/	COO			_
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CITY-ST-ZIP			2.4 CITY-ST-ZIP	A	Paument, TX 7	7706		
TITLE		DELETE	3.1 TITLE	1	CARLETT IN		Change	Addı
NAME	Paul Housema	en 1	3.2 NAME	-		*** **		~
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NAME	1 i		5.2 NAME					
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CITY-ST-ZIP			5.4 CITY-ST-ZIP	<u> </u>				
TITLE		☐ DELETE	6.1 TITLE	ì			Change	Addıl 🗌

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 or an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE	SIGN	TA f	UR	E

NAME

STREET ADDRESS

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR