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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Hærri

Secretary of State **DIVISION OF CORPORATIONS** 

**DOCUMENT #** 

ROWCD CONNELLY, The.

## May 24, 1999 8:00 am Secretary of State

05-24-1999 90008 043 \*\*\*150.00

Principal Place of Business	Mailing Address					
			DO N	OT WRITE IN THIS	SPACE	
			3. Date Incorporated or C	ualifed		
			20 JULY	1995		
Principal Place of Business	2a. Mailing Address		4. FEI Number		Ar	oplied For
21 2819 AINTREE		WISEE MINE	65.0592	<u> 34 (</u>		ot Applicable
Suite, Apt. #, etc. 22 D - 204	Suite, Apt. #, etc.		5. Certifcate of Status De	sired		Additional equired
City i State	City & State 28 NANCES	<del> </del>	<ul> <li>- 6. Election Campaign-Fir Trust Fund Contributio</li> </ul>	-	\$5.00 Added t	May Be to Fees
Zíp Country	Zip	Country	8. This corporation owes	the current year Inta	angible	
24 34112 25	29 34112	30	Personal Property Tax		☐ Yes	L <b>X</b> No
9. Name and Address	s of Current Registered Agent		10. Name and Address of	f New Registered A	\gent	
-		81 Namé	NNOLD M. CON	MEUX		
•		82 Street Add	ress (P.O. Box Number is Not	Acceptable)	- 20	Λ
		28	19 AINTEE	MNE 1	1.50	<u>"</u>
• .		83				
		84 City 1	1ples	FL	85 Zip (	4112
11. Pursuant to the provisions of Sectio	ns 607.0502 and 607.1508, Florida Statute n the State of Florida Such change was au	es, the above-named corp	poration submits this statement		changing its	registered
office or registered agent, or both, in agent. I am femilie with, and accept	n the State of Florida Such change was au it the obligations of Section 607,0505, Flor	uthorized by the corporati	on's board of directors. I hereb	y accept the appoin	tment as re	gistered
SIGNATURE / Male!	" KIN held	iad Sidiatos.	/4/	USCI I G	49	
Signature, typed or printed name of	registered agent and title if applicable. (NOTE:	Registered Agent signature require	ed when reinstating)	DATE		
12. OF	FICERS AND DIRECTORS	13.	ADDITIONS/CHANGES	TO OFFICERS AN	DIRECTO	RS IN 12
TITLE POSTOR	DELETE	1.1 TITLE	-		Change	☐ Addition
NAME RONALO	N. CONNELLY	12 NAME				
STREET ADDRESS 78/9 RIA	UTRISE LANTE D-10	1.3 STREET ADDRESS				
CITY-ST-ZIP NAAD LUES	FL BAIL	1.4 CITY-ST-ZIP				
TITLE VICE DOE	SAPELLE DELETE	2.1 TITLE			Change	Addition
NAME FILEDA F	THE CONNELLY	2.2 NAME				
STREET ADDRESS 2019	TREE LANE D. 204	2.3 STREET ADDRESS				
CITY-ST-ZIP	FL 34112	2. 4 CITY-ST-ZIP				
TITLE SPARTONY	☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME 5/1200 F	TO CONNELLY.	3 2 NAME				
STREET ADDRESS 2019 DIN	TOBE LANK 0-204	3.3 STREET ADDRESS				
CITY-ST-ZIP	El 3411L	3.4. CITY-ST-ZIP				
TITLE TREASURE	□ DELETE	4.1 TITLE			Change	Addition
NAME CALLUD	M. CONNELLY	4.2 NAME				
STREET ADDRESS 2011	TORE LANK D. 20%	4.3 STREET ADDRESS				
2819 ,1235	S FL. 3411					
TITLE NATIONAL	DELETE	4.4 CITY-ST-ZIP 51 TITLE	<u> </u>		Change	Addition
į .	C. DECETE	52 NAME			- Suange	- Addition
NAME		5.3 STREET ADDRESS				
STREET ADDRESS						
CITY-ST-ZIP	☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	····			C Addition
TITLE	□ DELETE				☐ Change	Addition
NAME		6.2 NAME				
STREET ADDRESS		6.3 STREET ADDRESS				
CITY-ST-ZIP		6.4 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 13 if charged on an attachment with an address, with all other like empowered.

SIGNATURE:

ME OF SIGNING OFFICER OR DIRECTOR