**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000059510

1. Corporation Name

Principal Place of Business		Mailing Address	
P.O. BOX 906 VERO BEACH FL 32961		P.O. BOX 906 VERO BEACH FL 3	32961
2. Principal Place of Business	<u> </u>	2a. Mailing Addres	ss
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Addres	
Suite, Apt. #, etc.		26	
21		26 Suite, Apt. #, 6	
Suite, Apt. #, etc.		26 Suite, Apt. #, 6	etc.
Suite, Apt. #, etc.  City & State	Country	26 Suite, Apt. #, 6 27 City & State	

## May 08, 1999 8:00 am Secretary of State

05-08-1999 90018 044 \*\*\*158.75

Principal Place	of Business	Mailing Address								
P.O. BOX 906		P.O. BOX 906								
VERO BEACH F	FL 32961	VERO BEACH FL 32961					20.110	T MOITE (N. TU	UC CDACE	
								T WRITE IN TH	IIS SPACE_	
							<ol> <li>Date Incorporated or Quantity</li> </ol>	Jamed		
		A4-11 A 11					07/31/1995 4. FEI Number		1 1 4	
	lace of Business	2a, Mailing Address				'				pplied For
21		26					59-3336164			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certifcate of Status Des	ired 🗹		Additional equired
22		27						<del>_</del>		
City & State	<b>e</b>	City & State				'	6. Election Campaign Fina			May Be to Fees
23		28	<u> </u>				Trust Fund Contribution			to rees
Zip	Country	Zip	Cou	intry		1	8. This corporation owes t	ne current year	Intangible Yes	⊒Ko
24	25		10	1			Personal Property Tax.  n. Name and Address of	Now Posistors		
	9. Name and Address of Currer	nt Registered Agent		81	Name		U, Name and Address of	New Registere	a Agent	
DEG	g, robert l			0'	Name	16				1
				82	Stree	et Address	(P.O. Box Number is Not A	Acceptable)		
	21ST STREE						<u> </u>			
VERG	O BEACH FL			83						
				84	City				. 85 Zip	Code
				54	City			F		1
11, Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the a	bove	-name	ed corporati	ion submits this statement	for the purpose	of changing its	s registered
l office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut	norized	ו עלו נ	the con	rporation's	board of directors. I hereb	y accept the app	pointment as re	egistered
_	III tarrillar with, and accept the obliga	mong of, occion dor.bood, riona	aa Olali	u.00.						
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: F	Registered	l Agent	signature	re required whe	en reinstating)	DATE	<del></del>	· · · · · · · · · · · · · · · · · · ·
12.		ND DIRECTORS	13.			·-· ··· ·	ADDITIONS/CHANGES	TO OFFICERS	AND DIRECT	ORS IN 12
TITLE	D	☐ DELETE	1,1 TD	TLE					☐ Change	☐ Addition
NAME	SHURTLEFF, RAYMOND P		1.2 N	AME.						
STREET ADDRESS	345 33RD AVE SW		1.3 ST	TREET	ADDRESS	SS				
CITY-ST-ZIP	VERO BEACH FL 32968			TY-ST						
TITLE	D	☐ DELETE	2,1 TI			-			☐ Change	☐ Addition
	Shurtleff, Cheryl R		2.2 NJ							į
NAME	345 33RD AVE SW				ADDRESS	ec				
STREET ADDRESS						33				1
CITY-ST-ZIP	VERO BEACH FL 32968	C OF STE		TY-S	T-ZIP_	+			Change	Addition
TITLE		☐ DELETE	3.1 TI						Change	
NAME			3.2 N/							
STREET ADDRESS			3.3 ST	REET	ADDRESS	SS				
CiTY-ST-ZIP				ITY-SI	Γ-ZIP					
TITLE		☐ DELETE	4,1 11	TLE		-			☐ Change	Addition
NAME			4, 2 N	AME						
STREET ADDRESS			4.3 ST	REET	ADDRESS	ss	•			ļ
CITY-ST-ZIP			4 4 CI	TY-ST	-ZIP					
TITLE		☐ DELETE	5.1 Tr						☐ Change	☐ Addition
NAME			5.2 N	AME						l
STREET ADDRESS			5.3 ST	REET	ADDRESS	ss				
CITY-ST-ZIP			5.4 CI	TY-ST	-ZIP					
TITLE		☐ DELETE	6.1 <sub>4</sub> TJ			1			☐ Change	Addition
NAME		_	6.2 N						·	•
1 1					ADDRESS	ss				}
STREET ADDRESS				TY-ST						1
CITY-ST-ZIP			1 U.4 C)	31	- LIF	i				

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 an an attachment without address, with all other like empowered.

**SIGNATURE:**