PROFIT CCRPORATION ANNUAL REPORT

1999



DOCUMENT # P95000062301

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secreta y of State DIVISION OF CORPORATIONS

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90056 027 ***150.00

O-HAI-LII- LI	ieal Estate, in	C.											
Principal Place	e of Business		Mailing Address					1 (881)	FREDI SIQ LOLQS DISIL I		IA MANAMANAN	TENNIN DESIL	11104 HUI (CD)
1324 S MAIN S BELLE GLADE US	ST		1324 S MAIN ST BELLE GLADE FL 3 US	3430					DO NOT	r WRITE IN	ı TH⊧S SP	ACE	
00			••				3.	Date Inco	rporated or Qu	alifed		-	
								08/11/1	995				
2. Principal P	lace of Business		2a. Mailing Addres	s			4.	FEI Numb	er			Ap	plied For
21			26					65-0735	5785			No	ot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, et	tc.			5.	Certifcate	of Status Desi	red 🗆	•	8.75 A Fee Re	Additional equired
City & Stat	te		City & State				6.	Election C	ampaign Finar	ncing		\$5.00	Vay Be
23			28					Trust F in	d Contribution			Added 1	to Fees
Zip	Coun	ry	Zip	Co	untry	,	8.	This corpo	oration owes th	e current y			1
24	25		29	30				Personal I	Property Tax.			Yes	[]No
	9. Name and Add	ess of Current	Registered Agent				10.	Name an	d Address of	New Regis	tered Age	ent	
					81	Name							
	TON, CALVIN D. 4 S MAIN ST				82	Street	Ad tress (F	P.O. Box No	umber is Not A	cceptable)			
	LE GLADE FL 33430)			83								
					84	City					FL	35 Zip (Code
agent la	m familiar with any ac	centrale obligation	one of Section 507.05	05. Florida Sta	atutes	(110 001p		0.0.0	,		· /		
agent. I a	signature, typed of printed na	cept the obligation	and 607.1308, Florida. Provide Such change on Section 507.05	05, Florida Sta			required when r	reinstating)		4/2	23/9	9	
	Signature, typed of printed na	V. [K	in offe if applicable. DIRECTORS	(NOTi : Registere	ed Ager		required when r	reinstating)	S/CHANGES T	4/2	23/9 RS / ND [9 DIRECTO	DF S IN 12
SIGNATURE	Signature, typed of printed na	ne of realistered agent OFFICERS AND	untatile if applicable.	(NOTi : Registere	ed Ager		required when r	reinstating)		4/2	23/9 RS / ND [9	
SIGNATURE	Signature, typed of printed nates and states are states and states are states and states are states and states are states are states and states are states	ne of realistered agent OFFICERS AND	in offe if applicable. DIRECTORS	(NOTI : Registere 13 ETE 1.1	ed Ager		required when r	reinstating)		4/2	23/9 RS / ND [9 DIRECTO	DF S IN 12
SIGNATURE 12. TITLE	SIGNATURE, typed of printed not S BLEDSOE, JEANN 1324 S MAIN ST	ne of realistered agent OFFICERS AND	in offe if applicable. DIRECTORS	(NOTI : Registere 13 ETE 1.1	ed Ager I. TITLE NAME		required when r	reinstating)		4/2	23/9 RS / ND [9 DIRECTO	DF S IN 12
SIGNATURE 12. TITLE NAME	S BLEDSOE, JEANN 1324 S MAIN ST BELLE GLADE FL	ne of realistered agent OFFICERS AND	DIRECTORS DELI	(NOTI : Register 13 ETE 1.1 1.2 1.3 1.4	ed Ager I. TITLE NAME STREET CITY-S	nt signature	required when r	reinstating)		4/2	2.3/9 RS / ND [DIRECTO Change	DF S IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed of printed not S BLEDSOE, JEANN 1324 S MAIN ST BELLE GLADE FL PD	pe of respect agent OFFICERS AND	in offe if applicable. DIRECTORS	(NOTI : Register 13 ETE 1.1 1.2 1.3 1.4 ETE 2.1	ed Ager I. TITLE NAME STREET CITY-S TITLE	nt signature	required when r	reinstating)		4/2	2.3/9 RS / ND [9 DIRECTO	DF S IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed of printed rid S BLEDSOE, JEANN 1324 S MAIN ST BELLE GLADE FL PD ALSTON, CALVIN	pe of respect agent OFFICERS AND	DIRECTORS DELI	(NOTI : Registere 13	ed Ager I. TITLE NAME STREET CITY-S TITLE NAME	nt signature T ADDRESS	required when r	reinstating)		4/2	2.3/9 RS / ND [DIRECTO Change	DF S IN 12
SIGNATURE 12. TITLE NAME STREET ADDRE SS CITY-ST-ZIP TITLE	Signature, typed of printed not S BLEDSOE, JEANN 1324 S MAIN ST BELLE GLADE FL PD ALSTON, CALVIN 1324 S MAIN ST	pe of respect agent OFFICERS AND	DIRECTORS DELI	(NOTI : Registere 13	ed Ager I. TITLE NAME STREET CITY-S TITLE NAME	nt signature	required when r	reinstating)		4/2	2.3/9 RS / ND [DIRECTO Change	DF S IN 12
SIGNATURE 12. TITLE NAME STREET ADDRE SS CITY-ST-ZIP TITLE NAME STREET ADDRE SS CITY-ST-ZIP	Signature, typed of printed rid S BLEDSOE, JEANN 1324 S MAIN ST BELLE GLADE FL PD ALSTON, CALVIN	pe of respect agent OFFICERS AND	DIRECTORS DELI	(NOT! : Register 13 1.1 1.2 1.3 1.4 ETE 2.1 2.2 2.3 2.4	ed Ager I. TITLE NAME STREET CITY-S TITLE NAME STREET	nt signature T ADDRESS T-ZIP T ADDRESS	required when r	reinstating)		4/2	RS / NO [DIRECTO	DF S IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRE SS CITY-ST-ZIP TITLE NAME STREET ADDRE SS	Signature, typed of printed not S BLEDSOE, JEANN 1324 S MAIN ST BELLE GLADE FL PD ALSTON, CALVIN 1324 S MAIN ST	pe of respect agent OFFICERS AND	DIRECTORS DELI	(NOTI : Registere 13 ETE 1.1 1.2 1.3 1.4 ETE 2.1 2.2 2.3 2.4 ETE 3.1	ed Ager TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE	nt signature T ADDRESS T-ZIP T ADDRESS	required when r	reinstating)		4/2	RS / NO [DIRECTO Change	DF S IN 12
SIGNATURE 12. TITLE NAME STREET ADDRE SS CITY-ST-ZIP TITLE NAME STREET ADDRE SS CITY-ST-ZIP	Signature, typed of printed not S BLEDSOE, JEANN 1324 S MAIN ST BELLE GLADE FL PD ALSTON, CALVIN 1324 S MAIN ST	pe of respect agent OFFICERS AND	DIRECTORS DELI	(NOTI : Registers 13 ETE 1.1 1.2 1.3 1.4 ETE 2.1 2.2 2.3 2.4 ETE 3.1 3.2	ed Ager I. TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME NAME	T ADDRESS T-ZIP T ADDRESS T-ZIP	required when r	reinstating)		4/2	RS / NO [DIRECTO	DF S IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRE: S CITY-ST-ZIP TITLE NAME STREET ADDRE: S CITY-ST-ZIP TITLE	Signature, typed of printed not S BLEDSOE, JEANN 1324 S MAIN ST BELLE GLADE FL PD ALSTON, CALVIN 1324 S MAIN ST BELLE GLADE FL	pe of respect agent OFFICERS AND	DIRECTORS DELI	(NOTI: Registers 13 ETE 1.1 1.2 1.3 1.4 ETE 2.1 2.2 2.3 2.4 ETE 3.1 3.2 3.3	ed Ager I. ITILE NAME STREET CITY-S TITLE CITY-S TITLE NAME STREET	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS	required when r	reinstating)		4/2	RS / NO [DIRECTO	DF S IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRE:S CITY-ST-ZIP	Signature, typed of printed not S BLEDSOE, JEANN 1324 S MAIN ST BELLE GLADE FL PD ALSTON, CALVIN 1324 S MAIN ST BELLE GLADE FL	pe of respect agent OFFICERS AND	DIRECTORS DELI DELI	(NOTI : Registers 13 ETE 1.1 1.2 1.3 1.4 ETE 2.1 2.2 2.3 2.4 ETE 3.1 3.2 3.3 3.4 3.4 ETE 3.1	BE AGE TITLE NAME STREET CITY-S TITLE NAME STREET NAME STREET CITY-S	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS	required when r	reinstating)		4/2	Z3/9 ATE /RS /ND [DIRECTO Change Change	DF S IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRE:SS CITY-ST-ZIP TITLE NAME STREET ADDRE:SS CITY-ST-ZIP TITLE NAME STREET ADDRE:SS CITY-ST-ZIP TITLE	Signature, typed of printed not S BLEDSOE, JEANN 1324 S MAIN ST BELLE GLADE FL PD ALSTON, CALVIN 1324 S MAIN ST BELLE GLADE FL	DEFICERS AND	DIRECTORS DELI	NOTE Registers 13 13 14 12 13 14 14 15 15 15 15 15 15	BE AGENTALE TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE TITLE TITLE	T ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	required when r	reinstating)		4/2	Z3/9 ATE /RS /ND [DIRECTO	DF S IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRE:SS CITY-ST-ZIP TITLE NAME STREET ADDRE :SS CITY-ST-ZIP TITLE NAME STREET ADDRE :SS CITY-ST-ZIP TITLE NAME STREET ADDRE :SS CITY-ST-ZIP TITLE NAME	SIDENTIFE, typed of printed not SIDEDSOE, JEANN 1324 S MAIN ST BELLE GLADE FL PD ALSTON, CALVIN 1324 S MAIN ST BELLE GLADE FL	DEFICERS AND	DIRECTORS DELI DELI	(NOTI: Registers 13 ETE 1.1 12 13 14 ETE 2.1 22 23 2.4 ETE 3.1 32 33 34. ETE 4.1	TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE	T ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	required when r	reinstating)		4/2	Z3/9 ATE /RS /ND [DIRECTO Change Change	DF S IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRE:SS CITY-ST-ZIP TITLE NAME STREET ADDRE SS	SIDENTIFE, typed of printed not SIDEDSOE, JEANN 1324 S MAIN ST BELLE GLADE FL PD ALSTON, CALVIN 1324 S MAIN ST BELLE GLADE FL	DEFICERS AND	DIRECTORS DELI DELI	NOTI Registers 13 11 12 13 14 ETE 2.1 22 23 2.4 ETE 3.1 32 33 34 ETE 4.1 42 43	TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET NAME STREET	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS	required when r	reinstating)		4/2	Z3/9 ATE /RS /ND [DIRECTO Change Change	DF S IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRE:SS CITY-ST-ZIP TITLE NAME STREET ADDRE :SS CITY-ST-ZIP	SIDENTIFE, typed of printed not SIDEDSOE, JEANN 1324 S MAIN ST BELLE GLADE FL PD ALSTON, CALVIN 1324 S MAIN ST BELLE GLADE FL	DEFICERS AND	DIRECTORS DELI DELI DELI DELI	(NOTI : Registers 13 ETE 1.1 12 13 14 ETE 2.1 22 23 2.4 ETE 3.1 32 33 34. ETE 4.1 42 4.3 4.4	EN AGE TITLE NAME STREET CITY-S TITLE NAME CITY-S TITLE NAME CITY-S TITLE NAME CITY-S TITLE CITY-S TITLE	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS	required when r	reinstating)		4/2	Z3/9 RS / NO C	DIRECTO Change Change Change	DF S IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRE:SS CITY-ST-ZIP TITLE NAME STREET ADDRE SS CITY-ST-ZIP TITLE NAME	SIDENTIFE, typed of printed not SIDEDSOE, JEANN 1324 S MAIN ST BELLE GLADE FL PD ALSTON, CALVIN 1324 S MAIN ST BELLE GLADE FL	DEFICERS AND	DIRECTORS DELI DELI	(NOTI - Registers 13 13 14 12 22 23 24 ETE 31 32 33 34 ETE 41 42 43 44 ETE 5.1	ed Ager TITLE NAME STREE* CITY-S TITLE NAME STREE* CITY-S TITLE NAME STREE* CITY-S TITLE NAME STREE* CITY-S TITLE NAME STREE* TITLE NAME STREE* TITLE NAME STREE* TITLE TITLE TITLE	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS	required when r	reinstating)		4/2	Z3/9 RS / NO C	DIRECTO Change Change	DF S IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRE:SS CITY-ST-ZIP TITLE NAME STREET ADDRE :SS CITY-ST-ZIP TITLE NAME	SIDENTIFE, typed of printed not SIDEDSOE, JEANN 1324 S MAIN ST BELLE GLADE FL PD ALSTON, CALVIN 1324 S MAIN ST BELLE GLADE FL	DEFICERS AND	DIRECTORS DELI DELI DELI DELI	NOTI Registers 13 13 14 15 16 17 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19	ed Ager TITLE NAME STREE* CITY-S TITLE NAME STREE* CITY-S TITLE NAME STREE* CITY-S TITLE NAME STREE* CITY-S TITLE NAME NAME NAME NAME NAME NAME NAME NAME	T ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP	required when r	reinstating)		4/2	Z3/9 RS / NO C	DIRECTO Change Change Change	DF S IN 12 Addition Addition Addition
12. TITLE NAME STREET ADDRE:S CITY-ST-ZIP TITLE NAME STREET ADDRE SS	SIDENTIFE, typed of printed not SIDEDSOE, JEANN 1324 S MAIN ST BELLE GLADE FL PD ALSTON, CALVIN 1324 S MAIN ST BELLE GLADE FL	DEFICERS AND	DIRECTORS DELI DELI DELI DELI	(NOTI: Registers 13 13 14 12 22 23 24 ETE 31 32 33 34 ETE 41 42 43 ETE 51 52 53	ed Ager TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET NAME STREET NAME STREET NAME STREET NAME STREET S	T ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS T-ZIP	required when r	reinstating)		4/2	Z3/9 RS / NO C	DIRECTO Change Change Change	DF S IN 12 Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRE:SS CITY-ST-ZIP TITLE NAME STREET ADDRE :SS CITY-ST-ZIP TITLE NAME	SIDENTIFE, typed of printed not SIDEDSOE, JEANN 1324 S MAIN ST BELLE GLADE FL PD ALSTON, CALVIN 1324 S MAIN ST BELLE GLADE FL	DEFICERS AND	DIRECTORS DELI DELI DELI DELI	(NOTI: Register 13 ETE 1.1 12 13 14 ETE 2.1 22 23 2.4 ETE 3.1 32 34 ETE 4.1 4 2 4.3 4.4 ETE 5.1 5.2 5.3 5.4	ed Ager TITLE NAME STREE* CITY-S TITLE NAME STREE* CITY-S TITLE NAME STREE* CITY-S TITLE NAME STREE* CITY-S TITLE NAME NAME NAME NAME NAME NAME NAME NAME	T ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS T-ZIP	required when r	reinstating)		4/2	Z3/9 ATE / RS / ND C	DIRECTO Change Change Change	DF S IN 12 Addition Addition Addition

14. Hereby certify that the information supplied with this filling 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 expellemental 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 chapter, or on an attachment with an address with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

OFFICE 3 OR DIRECTOR

561-996-4524