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Feb 01, 1999 8:00am

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000065729

SIGNATURE

 Corporation 	•					
evergr	EEN SPECIALTIES, INC.					
	. •) 66 11 8 6 11 8 1 6 1111 (66 14)	
Principal Place	e of Business	'Mailing Address				
2162 HENLEY P	PLACE	2162 HENLEY PLACE				,
WELLINGTON FL 33414 WELLINGTON FL 33414				DO NOT WRITE IN THIS SPACE		
US US				3. Date incorporated or Qualifed	THIS SPACE	
	·			08/24/1995	• • •	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	App	plied For
21 26		26		65-0600058	Not	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A	
22		27		.a. Certificate of Status Busined	Fee Re	quired
City & State	e .	City & State		6. Election Campaign Financing	\$5.00	
23		28	<u> </u>	Trust Fund Contribution	Added to	o Fees
Zip	. Country ,	Zip	Country	8. This corporation owes the current ye		
24	25	29	30	Personal Property Tax.		□No
·	9. Name and Address of Curren	nt Registered Agent	81 Name	10. Name and Address of New Regist	telen Wäelir	
SAVI	RE ROBERT A	Standard Control of the State Control	oi ivanie			
SAYRE, ROBERT A		82 Street	Address (P.O. Box Number is Not Acceptable)			
WELLINGTON FL 33414		83	*** **** **** *** *** *** **** **** ****	154 - 154 - 174 - 174 (1834 154 / 183 - 184 (1834	11名 元 10年 1951	
*******	211010111200111		. 33	· · · · · · · · · · · · · · · · · · ·		砂塊機
			84 City		FL 85 Zip C	Code '
gaja jaraja	007.050	O LICOTIACO FILIDA CANA	the shave gamed	composition authorite this statement for the purpo	se of changing its	registered
11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State	of Florida: Such change was a	uthorized by the corpo	corporation submits this statement for the purporation's board of directors. I hereby accept the	appointment as reg	gistered
68 agent. I a	ım tamılıar with, and accept the obliga	itions of, Section 607.0505, Fig	nda Statutes.		4 - 5 J	•-
Signature	·				TE.	···
SIGNATURE	Signature, typed or printed name of registered agei	nt and title if applicable. (NOTE	: Registered Agent signature re		ATE	· ·
SIGNATURE	Signature, typed or printed name of registered agei			equired when reinstating), 1 1917 DA ADDITIONS/CHANGES TO OFFICE	ATE	· ·
SIGNATURE 12. IIILE	Signature, typed or printed name of registered agei OFFICERS AN	nt and little if applicable. (NOTE	: Registered Agent signature re	equired when reinstating), 11.44.11	TE RS AND DIRECTO	DRS IN 12
SIGNATURE 12. IITLE NAME	Signature, typed or printed name of registered ages OFFICERS AN D KRASNEY, SAMUEL J.	nt and little if applicable. (NOTE	Registered Agent signature re 13. 1.1 TITLE	equired when reinstating), 1 1917 DA ADDITIONS/CHANGES TO OFFICE	TE RS AND DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ages OFFICERS AN D KRASNEY, SAMUEL J. 14 PEPPERWOOD LANE	nt and little if applicable. (NOTE	: Registered Agent signature in 13. 1.1 TITLE 1.2 NAME	equired when reinstating), 1 1917 DA ADDITIONS/CHANGES TO OFFICE	TE RS AND DIRECTO	DRS IN 12
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SIGNATURE 12. TITLE NAME STREET ADORESS CITY-ST-ZIP	Signature, typed or printed name of registered ages OFFICERS AN D KRASNEY, SAMUEL J. 14 PEPPERWOOD LANE PEPPER PIKE OH PD	nt and title if applicable. (NOTE ND DIRECTORS DELETE	Registered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST-ZIP	equired when reinstating), 1 1917 DA ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	DRS IN 12
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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 changes or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP