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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

OCUMENT # P95000067320

DE LTD. INC.

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

00 MAY -3 PM 1:20

Diace of Business	N. III				
VEST HIGHLAND AVE FL 32720	Mailing Address 700 WEST HIGHLAND AVE DELAND FL 32720	NAME OF THE PROPERTY OF THE PR	DO NOT WORKS IN	TUG 00405	
			.3. Date incorporated or Qualifed 08/29/1995	THIS SPACE	
incipal Piace of Business	2a. Mailing Address	(1) (1) (1) (1) (1) (1) (1) (1)	4. FEI Number 59-3327260	. ——	pplied For
ille, Apt. #, etc.	Suite, Apt. #, etc.	Jum	5. Certificate of Status Desired	\$8.75	ot Applicable Additional equired
& State	City & State	Trail	6. Election Campaign Financing Trust Fund Contribution	\$5.00	<u> </u>
Country 25	Zip 29	Country	This corporation owes the current ye Personal Property Tax.		□No
9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Regist		
COOPER FISK, MAGGI 700 WEST HIGHLAND AVE	্রিক ক্রিক বিশ্ব কর্মিক ক্রিক কর্মের করে। ১ বিশ্ব ক্রিকেন্ট্র ক্রিকেন্ট্র ক্রিকেন্ট্র ক্রিকেন্ট্র ক্রিকেন্ট্র ক্রিকেন্ট্র ক্রিকেন্ট্র ক্রিকেন্ট্র ক্রিকে	81 Name COL 82 Street Add	ODEL, MAGGI FISK. ress (P.O. Box Number is Not Acceptable)	Jiou Agent	
DELAND FL 32720		83			
and the state of t		84 City	poration submits this statement for the purpo on's board of directors. I hereby accept the a	FL 85 Zip (
PSTD	AND DIRECTORS	13. · · ·	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	RS IN 12
COOPER FISK, MAGGI 700 WEST HIGHLAND AVE DELAND FL 32720		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	POPER, MAGGI FISK		
	DELETE (S.)	2.1 TITLE 2.2 NAME	800003	Change	☐ Addition
######################################		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	-05/17/ ****1	/0001082	012 •*150.0
¥4.18	DELETE	3.1 TITLE 3.2 NAME		Change	Addition
200		3.3 STREET ADDRESS 3.4. CITY-ST-ZIP			
	DELETE.	4.1 TITLE 4.2 NAME		Change	Addition
200 200 AND		4.3 STREET ADORESS	M5/15.		
A STATE OF THE STA	DELETE	5.1 TITLE 5.2 NAME	V	Change	Addition
20		5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		,	
	DELETE	6.1 TITLE		Change	Addition
-DOMESSE - CONTROL OF THE PROPERTY OF THE PROP					

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

MATURE: Chype Sid AND TURGET RIK CHOSER PRESTOENT

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904-734-9872