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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000069385

1. Corporation Name

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

C.L. BUCEPT, INC.

## Apr 27, 1999 8:00 am Secretary of State 04-27-1999 90190 010 \*\*\*150.00



Principal Place		Mailing Address											
1801 N.E. 23RD AVE BLDG C1		7257 NW 4TH BLVD STE 197						_	O NOT W	IDITE IN T	"H S SDA1	`E	
GAINESVILLE FI	L 32608	GAINESVILLE FL 32607			-	DO NOT WRITE IN THIS SPACE  3. Date in corporated or Qualified							
US		US							or Qualin	, d			
		20 Mailing Address				-+	4. FELN	1/1995				Anr	ied For
— ·	ace of Business	2a. Mailing Address				•		339245_			ŀ		Applicable
21	4 -1-	Suite, Apt. #, etc.						339243					diditional
Suite, Apt. a	#, etc.	_ <b>├</b> ─					<ol><li>Certifo</li></ol>	ate of Statu	ıs Desired		7 -	Fee Rec	
City & S ate		City & State				-+	6 Floatie	n Campaig	n Einancir			5.00 h	lay Ro
23	;	28						Fund Contri		' <sup>9</sup>		dded to	
Zip	Country	Zip	Cou	intry			8. This c	crporation o	wes the o	current yea	ar intangib	е	_
24	25	29	30				Perso	nal Property	/ Tax.		<u> Y</u>	3S 🖍	Νο
	9. Name and Add ess of Curre	ent Registered Agent					IO. Name	and Addre	ess of Ne	w Reg <u>iste</u>	red Agen	1	
				81	Name	:							
	ORT, DONALD P			82	Street /	Acdress	(P.O. Bo	x Number is	Not Acce	eptable)			
ľ	SOUTHFORK DR												
LAKE	ELAND FL 33813			83									
				84	City						FL 85	Zip C	ode
office or re	to the provisions of Sections 607.09 egistered agent, or bo h, in the State m familiar with, and accept the oblig	te of Florida. Such change was	authonze	d bv	the corpo	d corporation's	tion subm board of	its this state cirectors. I	ement for thereby ac	he purpos	e of chang	ing its i t as reg	egistered stered
SIGNATURE													
	Signature, typed or printed na ne of registered a	<del></del>	T . Registere	<u> </u>	nt signature re	required wh		ONS/CHAN	OFF TO	DAT	_	OECTO:	E IN 12
12.		ANI) DIRECTORS	13.			$\overline{}$	AUUII	UNS/CHAI	VGES TO	OFFICER		Change	Addition
TITLE	D	C DELETE	1.1 T								`	- Idinge	
NAME	ROGERS, KAREN D			IAME									
STREET ADDRESS	7257 NW 4TH BLVD STE 198	3			TADDRESS	6							
CITY-ST-ZIP	GAINESVILLE FL			ITY-S	T-ZIP	<b>├</b> -						hange	Addition
TITLE		☐ DELETE	2.1 T									nango	
NAME			221										
STREET ADDRESS			2.3 S	TREE	TADDRESS	•							
CITY-ST-ZIP					ST-ZIP	┷						Change	Addition
TITLE		☐ DELETE	3 1 T									nanye	- Addition
NAME	1			IAME									
STREET ADDRESS			3.3 \$	TREE	TADDRESS	5							
CITY-ST-ZIP					ST-ZIP	+-						<u> </u>	Addition
TITLE		☐ DELETE	4.1 T	ITLE							□(	Change	Addition

6.4 CITY-ST-ZIP 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 changes, or on an attact ment with an address, with all other like empowered.

. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

□ DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4 4 CITY-ST-ZIP

SIGNATURE OFFICE ? OR DIRECTOR

☐ Change

Change

Addition

Addition