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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000075592

FORTUITY MANAGEMENT, INC.

FILED Jan 26, 1999 8:00am Secretary of State

01-26-1999 90025 003 ***158.75

Principal Plac	e of Business	Mailing Address			01))	
1830 HOLLY FLOWER 1830 HOLLY FLOWER ORANGE PARK FL 32073 ORANGE PARK FL 32073				DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed		
•		•		09/27/1995		
2. Principal P	lace of Business	2a, Mailing Address		4. FEI Number	Ar	plied For
21		26		59-3343979	. No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75	Additional
22		27		5. Certificate of Status Desired	Fee Re	equired
City & Stat	re ·	City & State		6. Election Campaign Financing		May Be
23		28		Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country	8. This corporation owes the cur	rent year Intangible Yes	DENo :
24	9. Name and Address of Current	29 30	0	Personal Property Tax. 10. Name and Address of New		·
	9. Name and Address of Current	Kegistered Agent	81 Name	10. 114110 4114 /1441-050 01 1151	, togistorou , igo	
JON	ES, TERRANCE A		.		-1.1-2	
	BLANDING BLVD		82 Street Add	dress (P.O. Box Number is Not Accept	(able)	
	INGE PARK FL 32065		83	经营收 的人工工程		5.4 (6) [62]
** .			84 City	The second secon	es Zin	Code 1
•	•		84 City		FL 65 21p	Code
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State o im familiar with, and accept the obligati	if Florida. Such change was auth	norized by the corporat	poration submits this statement for the tion's board of directors. I hereby acce	e purpose of changing its optiment as re	registered gistered
SIGNATURE		1 = 4				
SIGNATURE	T			and taken minetation)	DATE	-11
	Signature, typed or printed name of registered agent OFFICERS AND		egistered Agent signature require		DATE FFICERS AND DIRECTO	DRS IN 12
12.	OFFICERS AND		egistered Agent signature required 13.	ADDITIONS/CHANGES TO OF		DRS IN 12
	OFFICERS AND	DIRECTORS	13.		FICERS AND DIRECTO	
12. TITLE NAME	OFFICERS AND DP HAHN, JOANN	DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTO	
12.	OFFICERS AND DP HAHN, JOANN 1830 HOLLY FLOWER	DIRECTORS	13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTO	
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 9

SMATCHE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>1-7-99</u>

904-264-2046

UKZE034 (11/98)