Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90172 016 \*\*\*150.00

## 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** 

Corporation	ANAGEMENT SERVICES  of Business BLVD.					
MIMIEU SEUM	33 PL 32/06	WINTEN SPHINGS TE S2700		DO NOT WRITE IN THI	S SPACE	
				Date Incorporated or Qualifed     09/28/1995		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		58-2204779	Not Applica	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additiona	A
22		27		- Fee Required		
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
23	Country	28	Country	Trust Fund Contribution		一
Zip 24	Country 25	Zip 30		This corporation owes the current year I     Personal Property Tax.	∏Yes □No	
24	9. Name and Address of Curre		0	10. Name and Address of New Registere	d Agent	
			81 Name			
	ADEN, ROY		82 Street Addr	ess (P.O. Box Number is Not Acceptable)		$\dashv$
	SENECA BLVD.		oli cer radi	Street Address (P.O. Box Number is Not Acceptable)		
WIN	TER SPRINGS FL 32708		83			
			84 City		85 Zip Code	$\dashv$
			1 1 2 7	F	L     `	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statutes,	, the above-named corp	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its registere ointment as registered	∌d
agent. I a	n smaller with, and accept the oblig	gations of, Section 607.0505, Florid	a Statutes.		3/2	
SIGNATURE	Janes H. LSO	den JAMES +	1 ROBDEN	resident 3/11/1	19	. \
	Signature, typed or printed name of registered a		egistered Agent signature require 13.	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS /	AND DIRECTORS IN 1	<del>-</del>
TITLE	P	AND DIRECTORS	1.1 TITLE	ADDITIONAL TANCES TO GIT TO ELECT	☐ Change ☐ Add	
NAME	BORDEN, JAMES H		1.2 NAME			- {
STREET ADDRESS	44 JAMES HAYWARD RD		1.3 STREET ADDRESS			}
	GLEN MILLS PA		1.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE	CLER MILEO I A	☐ DELETE	2,1 TITLE		☐ Change ☐ Add	dition
NAME		·	2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2.4 CITY-ST-ZIP	company to the compan		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Add	dition
NAME			3.2 NAME			)
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Ad	dition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP		——————————————————————————————————————	4.4 CITY-ST-ZIP		Chanca CA	dition
TITLE		☐ DELETE	5.1 TITLE		Change Ad	GROIL
NAME			5.2 NAME			ł
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Ad	dition
TITLE			6.2 NAME			
NAMÉ			6.3 STREET ADDRESS			
STREET ADDRESS						

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 of chapter 607 or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE**