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

1. Corporation 48 PLAN	Name	0076170				
Principal Place	of Business	Mailing Address		A INDEINGE IND CALLE MICH ANGEL AND CONTRACT ON	(\$1 19010 D180) J1811 10	E(1 88() 198)
15820 CR 48 P.O. ASTATULA FL 34705 ZELL		P.O. BOX 22 ZELLWOOD FL 32798 US		DO NOT WRITE IN TH	IIS SPACE	,
				3. Date Incorporated or Qualifed 09/29/1995	-	
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number		lied For
21		26		59-3335960	\$8.75 Ad	Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	Fee Req	I
22		27 City & State		O. Sheeten Compaign Financing	\$5.00 N	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	Added to	
Zip	Country	Zip	Country	8. This corporation owes the current year		□No
24	25		30	Personal Property Tax. 10. Name and Address of New Registere		
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Haile and Address of New Registers		
RICE, RANDY L 15820 CR 48				Iress (P.O. Box Number is Not Acceptable)	***	
	NU CR 48 ATULA FL 34705		83			
			84 City	12 4 17 15 15 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	85 Zip C	ode
			'	F	L	
offine or re	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Slich change was au	thorized by the coloorat	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	or changing its r pointment as reg	egistered istered
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE:	Registered Agent signature requir	ed when reinstating) DATE		
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	
TITLE	D	☐ DELETE	1.1 TITLE	Control of Mary Control	☐ Change	Addition
NAME	RICE, RANDY L		1.2 NAME			
STREET ADDRESS	15820 CR 48		1.3 STREET ADDRESS			
CITY-ST-ZIP	ASTATULA FL 34705		1.4 CITY-ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE		Change	☐ Addition
NAME			2.2 NAME		4	
STREET ADDRESS			2.3 STREET ADDRESS	•		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		- Change	Addition
TITLE		☐ DELETE	3.1 TITLE		Change	☐ Addition
NAME	ing the second s		3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			រដ្ឋាទ្ធិស សូម
CITY-ST-ZIP		□ DELETE	3.4. CITY-ST-ZIP		Change	Addition
TITLE		☐ DELETE	4.1 TITLE 4.2 NAME	, , , , , , , , , , , , , , , , , , , ,		
NAME,			4.2 NAME			
STREET ADDRESS	-		4.4 CiTY-ST-ZiP			
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE		Change	Addition
NAME.		_	5.2 NAME	5.14 5.4		
STREET ADDRESS	<u> </u>		5.3 STREET ADDRESS			
CITY-ST-ZIP	in the state of th		5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME	1.5 ₄		6.2 NAME			
STREET ADDRESS			6.3 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 if changed, or on an attachment with an address, with all other like empowered. CITY-ST-ZIP

6.4 CITY-ST-ZIP

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Feb 15, 1999 8:00am

Secretary of State

02-15-1999 90035 037 ***150.00