**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P95000095887**1. Corporation Name

Principal Place of Business	Mailing Address
15020 HIGHWAY 574 DOVER FL 33527	15020 HIGHWAY 574 DOVER FL 33527

## FILED Apr 05, 1999 8:00 am Secretary of State 04-05-1999 90019 037 \*\*\*150.00

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Principal Place	e of Business	Mailing Address	_			4 IMBildin (sp strin drei) edisi attic n	istii kalin ia	ITOT OTENI TOTAL	<b>   </b>	,
15020 HIGHWAY 574 15020 HIGHWAY 574										
DOVER FL 33527 DOVER FL 33527					DO NOT WRITE IN THIS SPACE					
						Date Incorporated or Qualifed				
						12/19/1995				١
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	_	App	plied For	,
21		26				59-3357086		Not	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A		
22	<u> </u>	27						Fee Re	<del>`                                    </del>	٠.,
- City & State	е	City & State		·	•	6. Election Campaign Financing	<b>_</b>	\$5.00		i
23		28	Carr	ımtm.		Trust Fund Contribution		Added to	o Fees	
Zip	Country	Zip	30	untry		8. This corporation owes the current Personal Property Tax.			□No	
24	9. Name and Address of Currer	29 29 Agent	30	[	<del></del>	10. Name and Address of New Reg			Larro	
	. Name and Address of Odifer	it Kegisterea Agent		81	Name		<u>-</u>			
MAR	itin, ray j				0	(D.C. D. N is Not Assessable	<del>3.</del>			
1502	20 HIGHWAY 574			82	Street Addre	ess (P.O. Box Number is Not Acceptable	3)		į	-
DOV	ER FL 33527			83						
				84	CIA.			85 Zip C	`ode	
				1 1	City		FL			
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	tes, the a	bove-i	named corpo	pration submits this statement for the purply board of directors. I bereby accept the	rpose of c he appoin	changing its tment as rec	registered pistered	
l	m familiar with, and accept the obliga	ations of, Section 607.0505, Flo	orida Stati	utes.	ie corporatio	n's board of directors. I hereby accept the	оррон.			
office or n agent. I a SIGNATURE	familiar with, and accept the obligation of familiar with a second of familiar with a se				·	I when reinstating)	DATE			â
l	Signature, typed or printed name of registered age	int and title if applicable. (NOTE		d Agent s	·		DATE	D DIRECTO	RS IN 12	1/98)
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AR	int and title if applicable. (NOTE	: Registered	d Agent s	·	d when reinstating)	DATE			(11/98)
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AND P MARTIN, RAY J	int and title if applicable. (NOTE	Registered	d Agent s	·	d when reinstating)	DATE	D DIRECTO	RS IN 12	
SIGNATURE 12. TITLE	Signature, typed or printed name of registered age OFFICERS AND P MARTIN, RAY J 15020 HIGHWAY 574	int and title if applicable. (NOTE	13. 1.1 TI 1.2 N/	d Agent s	·	d when reinstating)	DATE	D DIRECTO	RS IN 12	
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AND P MARTIN, RAY J 15020 HIGHWAY 574 DOVER FL 33527	INI and title if applicable. (NOTE  ND DIRECTORS  DELETE	13. 1.1 Tr 1.2 N/ 1.3 ST 1.4 Cr	d Agent s ITLE AME TREET A	signature required	d when reinstating)	DATE	O DIRECTO	RS IN 12	
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AN P MARTIN, RAY J 15020 HIGHWAY 574 DOVER FL 33527 SD	int and title if applicable. (NOTE	13. 1.1 Ti 1.2 Ni 1.3 Si 1.4 Ci 2.1 Ti	d Agent s ITLE AME TREET A ITY-ST-	signature required	d when reinstating)	DATE	D DIRECTO	RS IN 12	CR2E034 (11/98)
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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.

813-759-0180-45