FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90064 033 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000096136

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Principal Place	e of Business	Mailing Address					1,00				
1240 W 13TH S	ST .	P O BOX 10872						•			
1.0			RIVIERA BEACH FL 33419			İ	•	DO NOT WE	ITE IN TH	IS SPACE	
US		US				-	Date Income	orated or Qualife		io di Aoc	
							01/01/19		-		ľ
2 Principal D	Place of Business	2a. Mailing Address			. · · · · ·	4	FEI Number			Ap	plied For
	ace of Business	26			• .	1	65-06336		÷		t Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, et	C.							\$8.75	Additional
22	.,	27			•	5	. Certificate of	Status Desired		Fee Re	equired
City & State	te	City & State				6	Election Car	mpaign Financing		\$5.00	May Be
23		28				1	Trust Fund (Contribution	'	Added t	
Zip	Country	Zip	Co	untry		8	. This corpora	ition owes the cu	rrent year l	intangible	
24	25	29	30				Personal Pr			☐ Yes	□No
	9. Name and Address of Currer	nt Registered Agent		1		10	, Name and	Address of New	Registere	d Agent	
5141	IDV DOUGLACO E			81	Name						ļ
	JDY, DOUGLASS E			82	Street A	Address (P.O. Box Nurr	ber is Not Accep	table)		
	0 W 13TH ST,P O BOX 10872			Ш		·					
HIVI	ERA BEACH FL 33419			83							ţ
			•	84	City				F	85 Zip (Code
	to the provisions of Sections 607.050	00 and 607 1509. Florido	Statuton the	obovo	named c	corporatio	on submits this	e statement for th	-		registered
office or r	registered agent, or both, in the State	of Florida. Such change.	was authorize	ed DV I	tne corpo	ration's b	oard of direct	ors. I hereby acc	ept the app	ointment as re	gistered
agent. I a	am familiar with, and accept the obliga	ations of, Section 607.050	o, rionda Sia	nutes.							
agent. I a SIGNATURE		ations of, Section 607.050			•	cuired when		· · · ·	DATE		
agent. I a	Signature, typed or printed name of registered age	ations of, Section 607.050	(NOTE: Registere	ed Agent	•	quired when	reinstating)	CHANGES TO O		AND DIRECTO	PRS IN 12
agent. I a SIGNATURE 12.	Signature, typed or printed name of registered age	ations of, Section 607.050	(NOTE: Registere	ed Agent	•	quired when	reinstating)	CHANGES TO C		AND DIRECTO	DRS IN 12
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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 at the receiver of the 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 a all themen with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

Daytime Phone #