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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600003018

Principal Place of Business	Mailing Address	1
2469 BELLEVUE AVE DAYTONA BEACH FL 32114 US	820 WENDELL COURT ATLANTA GA 30336 US	
		1
Principal Place of Business The Principal Place of Business The Principal Place of Business	2a. Mailing Address 26	
	<u> </u>	+
Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	

FILED Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90065 017 ***150.00

Principal Place 2469 BELLEVU DAYTONA BEA		Mailing Address 820 WENDELL COURT ATLANTA GA 30336 US				DO NOT WR	RITE IN THIS		
						01/08/1996			
2. Principal I	Place of Business	2a. Mailing Address			4	4. FEI Number		A	pplied For
Suite, Apt	t. #. etc	Suite, Apt. #, etc.				59-3359127			ot Applicable
22	,	27				5. Certifcate of Status Desired		•	Additional equired
City & Sta	ite	City & State		-		Election Campaign Financing			May Be
23		28				Trust Fund Contribution	· 🗆 .	-	to Fees
Zip	Country	Zip	Country	1	ε	B. This corporation owes the cur	rent year Int	angible	
24	25 9. Name and Address of Curr		30			Personal Property Tax.		Yes	X No
	9. Name and Adoress of Curr	ent Registered Agent	81	Name		0. Name and Address of New	Registered .	Agent	
, WOI	rley, hobart								
	1 BELLEVIEW AVE		82	Street .	Address ((P.O. Box Number is Not Accept	able)		"]
DAY	TONA BEACH FL 32114		83				<u> </u>		
				04			<u>, 18 , 18 , 18 , 18 , 18 , 18 , 18 , 18</u>		
			84	City			FL	1 1	Code
UIIICE UI 1	to the provisions of Sections 607.0 registered agent, or both, in the Star am familiar with, and accept the obli	le di Fiorida. Such chande was aut	nomzed by	the como	oration's t	consubrities this statement for the coard of directors. I hereby acce	pt the appoir	changing its itment as re	gistered
SIGNATURE	Signature, typed or printed name of registered a		egistered Ager		required when	V ₂ s (qc	DATE	•	
SIGNATURE	Signature, typed or printed name of registered a OFFICERS A					reinstating)	DATE	D DIRECTO	DRS IN 12
12.	Signature, typed or printed name of registered a OFFICERS A	gent and title if applicable. (NOTE: R	egistered Ager				DATE	D DIRECTO	DRS IN 12
12. TITLE NAME	Signature, typed or printed name of registered a OFFICERS A D WORLEY, HOBART	gent and little if applicable. (NOTE: RAND DIRECTORS	egistered Ager			reinstating)	DATE		
12. TITLE NAME STREET ADDRESS	OFFICERS A OFFICERS A WORLEY, HOBART 690 FERNCLIFF DRIVE	gent and little if applicable. (NOTE: RAND DIRECTORS	13.	it signature n		reinstating)	DATE		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A OFFICERS A D WORLEY, HOBART 690 FERNCLIFF DRIVE PORT ORANGE FL	gent and title if applicable. (NOTE: R AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET	it signature o		reinstating)	DATE	☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS A D WORLEY, HOBART 690 FERNCLIFF DRIVE PORT ORANGE FL D	gent and little if applicable. (NOTE: RAND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE	it signature o		reinstating)	DATE		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D WORLEY, HOBART 690 FERNCLIFF DRIVE PORT ORANGE FL D GREENSTEIN, JOEL	gent and title if applicable. (NOTE: R AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE 2.2 NAME	ADORESS		reinstating)	DATE	☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D WORLEY, HOBART 690 FERNCLIFF DRIVE PORT ORANGE FL D GREENSTEIN, JOEL 1200 N HALIFAX	gent and title if applicable. (NOTE: R AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE 2.2 NAME	at signature of ADDRESS 1- ZIP		reinstating)	DATE	☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D WORLEY, HOBART 690 FERNCLIFF DRIVE PORT ORANGE FL D GREENSTEIN, JOEL	gent and title if applicable. (NOTE: RAND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S	at signature of ADDRESS 1- ZIP		reinstating)	DATE	☐ Change	☐ Addition
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR