FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State . . . DIVISION OF CORPORATIONS

1999

P96000003906 **DOCUMENT #** 1. Corporation Name

HOLDINGS FAC.V

Principal Place of Business Mailing Address Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90285 005 ***150.00



					452592 - 90285 - 5		
355	SHERWOOD AVE	E					
365 SHERWOOD AVE SATELLIKE BOH., FL. 32937					DO NOT WRITE IN THIS SPACE		
SATT	ELLINE BOH., P	7. 329	37		3. Date Incorporated or Qualifed		
	Place of Business	2a. Mailing Address			4. FEI Number	— Ar	plied For
1 1115	VISTA OAKS CI	. 26 P.D. BUY	2725			No.	t Applicable
Suite, Apt		Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 / Fee Re	
City & Sta	M BAY, FL.	City & State	r city.	CA.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added	•
329	05 25 11 SA	29 93504	Country 30	A	This corporation owes the current year li Personal Property Tax.	ntangible Yes	□No
	9. Name and Address of Current	Registered Agent	11		10. Name and Address of New Registered	d Agent	
Ra	and of Dings		81 1	Name			
PONNAND J. PINDA 1115 VISTA OAKS CI.				82 Street Address (P.O. Box Number is Not Acceptable)			
0.	3 V15/14 OAPRES C	~ _ .	83				
Bun	1 BAY, Fr. 32	705	84 (City		85 Zip (Code
44 0	, , , , , , , , , , , , , , , , , , ,	and 607 1600 Finite Da	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Floration submits this statement for the purpose of		
office or	registered agent, or both, in the State of am familiar with, and accept the obligati	f Florida. Such change was	s authorized by the	e corporation	n's board of directors. I hereby accept the appo	ointment as re	gistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NC	TE: Registered Agent sig	nnature required	when reinstating) DATE		
2.	QFEICERS AND	`	13.	grinian a raquinou	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TLE	Ales. + 18 Ensure	DELETE	1.1 NTLE			Change	Addition
AME	KANALD J. PINN	4	1.2 NAME				
TREET ADDRESS	1115 VISTA OAN	es ct.	1.3 STREET AD	DRESS			
TY-ST-ZIP	BARM BAY F	1. 32905	1.4 CITY-ST-ZI	p			
TLE	DEE BLES. SE	CRETARY DELETE	2.1 TITLE			Change	Addition
AME	MARKET Pin	ta '	2.2 NAME				
TREET ADDRESS	IME ACA DAK	s cut.	2.3 STREET AD	DRESS			
TY-ST-ZIP	Fran Bay	En 32905	2. 4 CITY-ST-Z	ne			
TLE	,	DELETE	3.1 TITLE			Change	☐ Addition
ME			32 NAME				
REETADDRESS			3.3 STREET AD	ORESS			
TY-ST-ZIP	1		3.4, CITY-ST-Z	IP _			
LE	☐ DELETE 4		4.1 TITLE	k1 TITLE		☐ Change	Addition
ME			4. 2 NAME				
REET ADDRESS	;		4.3 STREET AD	DRESS			
TY-ST-ZIP			4.4 CITY-ST-ZI	P			
TLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
AME			5.2 NAME				
TREET ADDRESS			5.3 STREET AD	DRESS			
מול דפ עדוי			5.4 CITY-ST-ZII	Р			

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.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

Change

☐ Addition