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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600004276

HABEN 8	& RICHMOND, P.A.								
Principal Place	e of Business	Ma	iling Address	-			- 1 198(188) (18 18418 BILL BOLL BELL ABIL)	8(\$) 883)) 9 1918 (18)	
1435 E PIEDMO	INT DR	143	5 E PIEDMONT DR						
STE 201 STE 201							DO NOT MOTE IN	LUC CDACE	
TALLAHASSEE FL 32312 TALLAHASSEE FL 32312							DO NOT WRITE IN T	HIS SPACE	
US							3. Date Incorporated or Qualifed		į
			- Admilian Address				01/12/1996 4. FEI Number		police For
	lace of Business	\vdash	Mailing Address				<u> </u>		pplied For lot Applicable
Suite, Apt.	H ata	26	Suite, Apt. #, etc.		—		59-3355318		Additional
	#, etc.	27					5. Certifcate of Status Desired		Required
City & State	<u> </u>	27	City & State				6. Election Campaign Financing) May Be
23	5	28	On,				Trust Fund Contribution	•	I to Fees
Zip	Country	-	Zip	Count	try		8. This corporation owes the current year	r Intangible	
24	25	29	·	30	-		Personal Property Tax.	☐Yes	□No
-	9. Name and Address of Curre				_		10. Name and Address of New Registe	red Agent	
				8	81	Name			
	IMOND, RONALD R			8	82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	E PIEDMONT DR #201			٦	<u></u>	Queen nac			
TALL	AHASSEE FL 32312			8	83				
				9	84	City		85 Zip	Code
						•		₹ Ľ │¨╎	
11. Pursuant	to the provisions of Sections 607.05	02 and 60	7.1508, Florida Statute	s, the abo	ove-r	named corpo	oration submits this statement for the purpos n's board of directors. I hereby accept the a	e of changing it	s registered
office or na agent. La	egistered agent, or both, in the State m familiar with, and accept the obliga	ations of,	Section 607.0505, Flori	ida Statute	by un tes.	пе согрогацы	I S DOURD OF UNECTOES. I HEIEBY accept the of	oponiment as r	Bylatered
SIGNATURE									
	Signature, typed or printed name of registered age				gent s	signature required			
12.	OFFICERS A	ND DIRE		13.			ADDITIONS/CHANGES TO OFFICERS		
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NAME	RICHMOND, RONALD R			1.2 NAM					
STREET ADDRESS	1435 E PIEDMONT DR, STE 2	:01				ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL			1.4 CITY		ZIP			
TITLE	D			_				Change	[^m] Addition
NAME	HABEN, RALPH H		☐ DELETE	2.1 TITLE	.E			Change	. Addition
STREET ADDRESS		in a	☐ DELETE	2.1 TITLE 2.2 NAM	Æ			Change	Addition
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NAME		<u>. </u>		2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM	LE ME REETA Y-ST- LE ME	-ZIP	J		
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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 supplementariannual report is true and accorde 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 accorder or trustee empawered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapted or an according to the corporation of the co officer or director of the corporation or the Block 12 or Block 13 if changed, or on ap

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP