FILED Apr 02, 1999 8:00 am Secretary of State

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

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9600006731

Principal Place of Business   Mailing Address   POST OFFICE BOX 664   PLYMOUTH FL 32788   DO NOT WRITE IN THIS SPACE	STREET	For licable
SORRENTO FL 32776  PLYMOUTH FL 32768  DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualifed  01/18/1996  2. Principal Place of Business 2a. Mailing Address 2f. FEI Number	PLYMOUTH FL 32768   DO NOT WRITE IN THIS SPACE	licable
2. Principal Place of Business 2. Mailing Address 4. FEI Number 59-3361145 Suite, Apt. #, etc. Suite, Apt. #, etc.  2. City & State City & State City & State City & State 2. Country 3. This corporation owes the current year Intangible 2. Personal Property Tax.  9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 2. Street Address (P.O. Box Number is Not Acceptable) 3. Name 3. Name 3. Name 3. Street Address (P.O. Box Number is Not Acceptable) 3. Street Addre	O1/18/1996   Applied	licable
2. Principal Place of Business 2. Mailing Address 59-3361145  Suite, Apt. #, etc. 5. Certificate of Status Desired   \$8.75 A	Applied Place of Business  2a. Mailing Address 26	licable
21	26   59-3361145   Not App  Apt. #, etc.   5. Certificate of Status Desired   Fee Position  Fee Position	licable
Suite, Apt. #, etc. 22	Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired	
22 City & State  Country  Zip  Country  Zip  Country  8. This corporation owes the current year Intangible Personal Property Tax.  9. Name and Address of Current Registered Agent  CHAPMAN, RONALD L  31821 VINE STREET  SORRENTO FL 32776  83  City  City & State  Country  8. This corporation owes the current year Intangible Personal Property Tax.  In Name and Address of New Registered Agent  CHAPMAN, RONALD L  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83  City  FL 85 Zip C  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered Agent signature required when reinstating)  DATE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  Change	5. Certificate of Status Desired L	
City & State    City & State   City & State   City & State   City & State   City & State   City & State   City & State   Country   Country   Country   Country   State   Country   State   Trust Fund Contribution   Added to Added to Added to Personal Property Tax.   Added to Personal Property Tax.   Yes	27	
Zip   Zip   Country   Zip   Country   Strist corporation owes the current year Intangible   Personal Property Tax.   Yes   Yes   Personal Property Tax.	State City & State 6. Election Campaign Financing \$5.00 May	Ве
Zip Country  25 29 30 30 R. This corporation owes the current year Intangible Personal Property Tax.		s
9. Name and Address of Current Registered Agent  CHAPMAN, RONALD L 31821 VINE STREET SORRENTO FL 32776  81 Name  City  FL  85 Zip C  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  TITLE D CHAPMAN, RONALD L CHAPMAN, RONALD L CHAPMAN, RONALD L		
CHAPMAN, RONALD L 31821 VINE STREET SORRENTO FL 32776  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City  FL  85 Zip C  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regardent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  CHAPMAN, RONALD L  CHAPMAN, RONALD L  12 NAME	25 29 30 1033/18/11/05/1/13/	<del></del>
CHAPMAN, RONALD L 31821 VINE STREET SORRENTO FL 32776  82 Street Address (P.O. Box Number is Not Acceptable)  83  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regardent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  CHAPMAN, RONALD L  CHAPMAN, RONALD L  CHAPMAN, RONALD L  12 NAME		
31821 VINE STREET SORRENTO FL 32776  82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City  FL  85 Zip C  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its in office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  CHAPMAN, RONALD L  CHAPMAN, RONALD L  CHAPMAN, RONALD L  CHAPMAN, RONALD L		
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TITLE D DELETE 1.1 TITLE Change  NAME CHAPMAN, RONALD L 12 NAME	RE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE	_
NAME CHAPMAN, RONALD L 12 NAME		Addition
DOOT OFFICE BOY OOF N/A		
STREET ADDRESS PUST UFFICE BUX 664 N/A 1.3 STREET ADDRESS	DOOT OFFICE BOY OOF N/A	
DI VMOLITU EL 22769		
TITLE DELETE 2.1 ITILE Change		Addition
NAME 2.2 NAME	2.2 NAME	
STREET ADDRESS 2.3 STREET ADDRESS	2.3 STREET ADDRESS	
CITY-ST-ZIP 2.4 CITY-ST-ZIP		
TITLE DELETE 3.1 TITLE Change	□ DELETE 3.1 TITLE □ Change □	Addition
NAME 32 NAME	32 NAME	
	33 STREET ADDRESS	
STREET ADDRESS 3.3 STREET ADDRESS	COO	
CITY-ST-ZIP 3.4 CITY-ST-ZIP	3.4. CITY-ST-ZIP	A 4 4747
CITY-\$T-ZIP         3.4.CITY-\$T-ZIP           TITLE         DELETE         4.1 TITLE         Change	3.4 CITY-ST-ZIP Change C	Addition
CITY-ST-ZIP 3.4. CITY-ST-ZIP	3.4 CITY-ST-ZIP Change C	Addition
CITY-ST-ZIP         3.4. CITY-ST-ZIP           TITLE         DELETE         4.1 TITLE         Change	3.4. CITY-ST-ZIP  DELETE 4.1 TITLE	Addition
3.4 CITY-ST-ZIP     3.4 CITY-ST-ZIP     Change	3.4. CITY-ST-ZIP  DELETE 4.1 TITLE 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
3.4 CITY-ST-ZIP     3.4 CITY-ST-ZIP     Change   Change	3.4. CITY-ST-ZIP    DELETE	Addition
3.4 CITY-ST-ZIP     3.4 CITY-ST-ZIP     Change   Change	3.4. CITY-ST-ZIP    DELETE	
3.4 CITY-ST-ZIP     3.4 CITY-ST-ZIP     Change	3.4. CITY-ST-ZIP    DELETE	
CITY-ST-ZIP	3.4. CITY-ST-ZIP    DELETE	
3.4 CITY-ST-ZIP     3.4 CITY-ST-ZIP     Change	3.4. CITY-ST-ZIP    DELETE	Addition

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 suppliemental 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

PASIGNING OFFICER OR DIRECTOR