PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9600008245

1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP : ".

THEACH	UKN INVESTMENTS, INC.							
5 · · · · · · · · · · · · · · · · · ·	- of Division -	Mailing Address						KI le i e kii (eel
						-		•
9501 U.S. HIGHWAY 19 9501 U.S. HIGHWAY 19 SUITE 204								
PORT RICHEY FL 34668 PORT RICHEY FL 34668					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			
	•				01/26/1996			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		App	olied For
21		26			59-3365927		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			Certificate of Status Desired		\$8.75 A	dditional
22		27			5. Certificate of Status Desired		Fee Rec	quired
City & Stat	le .	City & State	- · ·		6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Country		8. This corporation owes the curr			_
24	25	29 3	30		Personal Property Tax.			□No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New I	Registered A	gent	
LIEIN	I, HELEN D		81	Name				
	I U.S. HIGHWAY 19		82	Street Ac	Idress (P.O. Box Number is Not Accept	able)		
	E 204		<u> </u>			·		···
			83					j
PUR	T RICHEY FL 34668		84	City			85 Zip C	ode
	•		1	1		FL	\	
11 Durcuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	s, the above	e-named co	rporation submits this statement for the	purpose of c	hanging its i	registered
l office or r	registered agent, or both, in the State	of Florida. Such change was aut	nonzed DV	the corpora	ation's board of directors. I hereby acce	pt the appoin	tment as reg	gistered
office or n agent. I a	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was aut	nonzed DV	the corpora	ation's board of directors. I hereby acce	pt the appoin	tment as reg	jistered
l office or r	registered agent, or both, in the State	e of Florida. Such change was autations of, Section 607.0505, Florid	thonzed by da Statutes	the corpora	atton's board of directors. I nereby acce	DATE	tment as reg	Jistered
office or n agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig- Signature, typed or printed name of registered age OFFICERS A	ent and title if applicable. (NOTE: R	thonzed by da Statutes	the corpora	ation's board of directors. I hereby acce	DATE	DIRECTOR	RS IN 12
office or n agent. I a SIGNATURE	egistered agent, or both, in the State im familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AI	ent and title if applicable. (NOTE: R	nonzed by da Statutes Registered Ager	the corpora	atton's board of directors. I nereby acce	DATE	tment as reg	Jistered
office or nagent. I a	egistered agent, or both, in the State im familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AI D HEIN, HELEN D	ent and title if applicable. (NOTE: R	da Statutes Registered Ager	the corpora	atton's board of directors. I nereby acce	DATE	DIRECTOR	RS IN 12
office or nagent. I a SIGNATURE	egistered agent, or both, in the State of familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AI D HEIN, HELEN D 9125 WILDWOOD AVENUE	ent and title if applicable. (NOTE: R	Registered Ager 13. 1.1 TITLE 1.2 NAME	the corpora	atton's board of directors. I nereby acce	DATE	DIRECTOR	RS IN 12
office or nagent. I a SIGNATURE 12. TITLE NAME	egistered agent, or both, in the State im familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AI D HEIN, HELEN D	ent and title if applicable. (NOTE: R	Registered Ager 13. 1.1 TITLE 1.2 NAME	the corpora	atton's board of directors. I nereby acce	DATE	DIRECTOR	RS IN 12
office or ragent. I a SIGNATURE. 12. TITLE NAME STREET ADDRESS	egistered agent, or both, in the State of familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AI D HEIN, HELEN D 9125 WILDWOOD AVENUE	ent and title if applicable. (NOTE: R	Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE	the corpora	atton's board of directors. I nereby acce	DATE	DIRECTOR	RS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State of familiar with, and accept the obligation OFFICERS AI D HEIN, HELEN D 9125 WILDWOOD AVENUE HUDSON FL 34669	ent and title if applicable. (NOTE: R ND DIRECTORS	nonzed by da Statutes Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE: 1.4 CITY-S	the corpora	atton's board of directors. I nereby acce	DATE	DIRECTOR	RS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State of familiar with, and accept the obligation OFFICERS AI D HEIN, HELEN D 9125 WILDWOOD AVENUE HUDSON FL 34669 D	ent and title if applicable. (NOTE: R ND DIRECTORS	Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE: 1.4 CITY-S 2.1 TITLE 2.2 NAME	the corpora	atton's board of directors. I nereby acce	DATE	DIRECTOR	RS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State m familiar with, and accept the obligation OFFICERS AI D HEIN, HELEN D 9125 WILDWOOD AVENUE HUDSON FL 34669 D HEIN, ALFRED M	ent and title if applicable. (NOTE: R ND DIRECTORS	Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE: 1.4 CITY-S 2.1 TITLE 2.2 NAME	r ADDRESS	atton's board of directors. I nereby acce	DATE	DIRECTOR	RS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State of familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AI D HEIN, HELEN D 9125 WILDWOOD AVENUE HUDSON FL 34669 D HEIN, ALFRED M 9125 WILDWOOD AVENUE	ent and title if applicable. (NOTE: R ND DIRECTORS	Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE: 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE: 2.4 CITY-S	r ADDRESS	atton's board of directors. I nereby acce	DATE	DIRECTOR	RS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	egistered agent, or both, in the State of familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AI D HEIN, HELEN D 9125 WILDWOOD AVENUE HUDSON FL 34669 D HEIN, ALFRED M 9125 WILDWOOD AVENUE	en f Florida. Such change was aut ations of, Section 607.0505, Florid ent and title if applicable. (NOTE: RND DIRECTORS DELETE	Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE: 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE:	r ADDRESS	atton's board of directors. I nereby acce	DATE	D DIRECTOR Change	RS IN 12 Addition
office or ragent. I a SIGNATURE, 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP -TITLE -TITLE -TITLE	egistered agent, or both, in the State of familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AI D HEIN, HELEN D 9125 WILDWOOD AVENUE HUDSON FL 34669 D HEIN, ALFRED M 9125 WILDWOOD AVENUE	en f Florida. Such change was aut ations of, Section 607.0505, Florid ent and title if applicable. (NOTE: RND DIRECTORS DELETE	Incorped by da Statutes Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE: 2.1 TITLE 2.2 NAME 2.3 STREE: 2.4 CITY-S 3.1 TITLE	T ADDRESS T-ZIP	atton's board of directors. I nereby acce	DATE	D DIRECTOR Change	RS IN 12 Addition
Office or ragent. I a signature. 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP - TITLE NAME STREET ADDRESS	egistered agent, or both, in the State of familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AI D HEIN, HELEN D 9125 WILDWOOD AVENUE HUDSON FL 34669 D HEIN, ALFRED M 9125 WILDWOOD AVENUE	en f Florida. Such change was aut ations of, Section 607.0505, Florid ent and title if applicable. (NOTE: RND DIRECTORS DELETE	Indicated by day Statutes Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE: 2.4 CITY-S 2.4 CITY-S 3.1 TITLE 3.2 NAME	T ADDRESS T ADDRESS T ADDRESS	atton's board of directors. I nereby acce	DATE	D DIRECTOR Change	RS IN 12 Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP - TITLE - NAME	egistered agent, or both, in the State of familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AI D HEIN, HELEN D 9125 WILDWOOD AVENUE HUDSON FL 34669 D HEIN, ALFRED M 9125 WILDWOOD AVENUE	en f Florida. Such change was aut ations of, Section 607.0505, Florid ent and title if applicable. (NOTE: RND DIRECTORS DELETE	Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE* 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE* 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE*	T ADDRESS T ADDRESS T ADDRESS	atton's board of directors. I nereby acce	DATE	D DIRECTOR Change	RS IN 12 Addition
Office or ragent. I a signature, 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP -TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE	egistered agent, or both, in the State of familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AI D HEIN, HELEN D 9125 WILDWOOD AVENUE HUDSON FL 34669 D HEIN, ALFRED M 9125 WILDWOOD AVENUE	en f Florida. Such change was aut ations of, Section 607.0505, Florid ent and title if applicable. (NOTE: FIND DIRECTORS DELETE	Indicated by day Statutes 13. 1.1 TITLE 1.2 NAME 1.3 STREE* 2.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE* 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE* 3.4 CITY-S	T ADDRESS T ADDRESS T ADDRESS	atton's board of directors. I nereby acce	DATE	D DIRECTOR Change Change	RS IN 12 Addition Addition
Office or ragent. I a gent. I a signature. 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP - TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME NAME NAME	egistered agent, or both, in the State of familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AI D HEIN, HELEN D 9125 WILDWOOD AVENUE HUDSON FL 34669 D HEIN, ALFRED M 9125 WILDWOOD AVENUE	en f Florida. Such change was aut ations of, Section 607.0505, Florid ent and title if applicable. (NOTE: FIND DIRECTORS DELETE	Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE* 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE* 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE* 3.4 CITY-S 4.1 TITLE 4.2 NAME	TADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP	atton's board of directors. I nereby acce	DATE	D DIRECTOR Change Change	RS IN 12 Addition Addition
Office or ragent. I a SIGNATURE, 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP -TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State of familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AI D HEIN, HELEN D 9125 WILDWOOD AVENUE HUDSON FL 34669 D HEIN, ALFRED M 9125 WILDWOOD AVENUE	en f Florida. Such change was aut ations of, Section 607.0505, Florid ent and title if applicable. (NOTE: FIND DIRECTORS DELETE	Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE* 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE* 3.1 TITLE 3.2 NAME 3.3 STREE* 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE*	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	atton's board of directors. I nereby acce	DATE	D DIRECTOR Change Change	RS IN 12 Addition Addition
Office of ragent. I a gent. I a signature. 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State of familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AI D HEIN, HELEN D 9125 WILDWOOD AVENUE HUDSON FL 34669 D HEIN, ALFRED M 9125 WILDWOOD AVENUE	en f Florida. Such change was aut ations of, Section 607.0505, Florid ent and title if applicable. (NOTE: FIND DIRECTORS DELETE	Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE* 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE* 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE* 3.4 CITY-S 4.1 TITLE 4.2 NAME	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	atton's board of directors. I nereby acce	DATE	D DIRECTOR Change Change	RS IN 12 Addition Addition
Office or ragent. I a SIGNATURE, 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State of familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AI D HEIN, HELEN D 9125 WILDWOOD AVENUE HUDSON FL 34669 D HEIN, ALFRED M 9125 WILDWOOD AVENUE	a of Florida. Such change was autations of, Section 607.0505, Florid ent and title if applicable. (NOTE: FND DIRECTORS DELETE	Indicated by day Statutes Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE* 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE* 3.1 TITLE 3.2 NAME 3.3 STREE* 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE* 4.4 CITY-S	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	atton's board of directors. I nereby acce	DATE	D DIRECTOR Change Change Change	RS IN 12 Addition Addition
Office of ragent. I a SIGNATURE, 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the State of familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AI D HEIN, HELEN D 9125 WILDWOOD AVENUE HUDSON FL 34669 D HEIN, ALFRED M 9125 WILDWOOD AVENUE HUDSON FL 34669	a of Florida. Such change was autations of, Section 607.0505, Florid ent and title if applicable. (NOTE: FND DIRECTORS DELETE	Incirced by da Statutes Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE* 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE* 3.1 TITLE 3.2 NAME 3.3 STREE* 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE* 4.4 CITY-S 5.1 TITLE 5.2 NAME	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	atton's board of directors. I nereby acce	DATE	D DIRECTOR Change Change Change	RS IN 12 Addition Addition
Office of ragent. I a SIGNATURE, 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the State of familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AI D HEIN, HELEN D 9125 WILDWOOD AVENUE HUDSON FL 34669 D HEIN, ALFRED M 9125 WILDWOOD AVENUE HUDSON FL 34669	a of Florida. Such change was autations of, Section 607.0505, Florid ent and title if applicable. (NOTE: FND DIRECTORS DELETE	Incirced by da Statutes Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE* 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE* 3.1 TITLE 3.2 NAME 3.3 STREE* 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE* 4.4 CITY-S 5.1 TITLE 5.2 NAME	T ADDRESS T-ZIP	atton's board of directors. I nereby acce	DATE	D DIRECTOR Change Change Change	RS IN 12 Addition Addition
Office of ragent. I a SIGNATURE, 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the State of familiar with, and accept the obligation Signature, typed or printed name of registered age OFFICERS AI D HEIN, HELEN D 9125 WILDWOOD AVENUE HUDSON FL 34669 D HEIN, ALFRED M 9125 WILDWOOD AVENUE HUDSON FL 34669	a of Florida. Such change was autations of, Section 607.0505, Florid ent and title if applicable. (NOTE: FND DIRECTORS DELETE	Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE* 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE* 3.1 TITLE 3.2 NAME 3.3 STREE* 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE* 4.5 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE*	T ADDRESS T-ZIP	atton's board of directors. I nereby acce	DATE	D DIRECTOR Change Change Change	RS IN 12 Addition 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 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

OF SIGNING OFFICER OR DIRECTOR SIGNATURE: X

FILED

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90102 043 ***150.00