## 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 # P96000011793

1. Corporation Name

Principal Place of Business	Mailing Address	
8354 PALOMINO DRIVE LAKE WORTH FL 33467	8354 PALOMINO DRIVE LAKE WORTH FL 33467	
2 Principal Place of Business	2a Mailing Address	

## May 04, 1999 8:00 am Secretary of State

05-04-1999 90057 040 \*\*\*150.00

KENNY /	anderson hace cahs, II	NG.			
	·	8 8 10 - A Add	· ····		
Principal Place		Mailing Address		-	
8354 PALOMINO		8354 PALOMINO DRIVE LAKE WORTH FL 33467			
LAKE WORTH I	FL. 33467	EARE WOHTH PE 33407		DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualifed	
	•			02/07/1996	
2 Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 344	16	26 SAME		65-0638212	Not Applicable
Suite, Apt.,	#, etc.	Suite, Apt. #, etc.		· ·	\$8.75 Additional
22	•	27		5. Certifcate of Status Desired	Fee Required
City & State	6	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 current year in	
24	25	29	30	Personal Property Tax.	Yes 🗆 Yo
	9. Name and Address of Currer	it Registered Agent		10. Name and Address of New Registered	Agent
			81 Name / /	//	
	ERSON, KENNETH D		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	PALOMINO DRIVE				
LAKE	E WORTH FL 33467		83		
ı	ı		24 07		85 Zip Code
	• • • • • • • • • • • • • • • • • • • •		84 City	FI	85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	s, the above-named corp	poration submits this statement for the purpose of on's board of directors. I hereby accept the apport	f changing its registered
office or n	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut	thorized by the corporation	on's board of directors. I hereby accept the appo	intment as registered
-	in familiar with, and accept the conga	tions of Occion 607.0303, Florid	da Gialdies.		
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: F	Registered Agent signature require	ed when reinstating) DATE	
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	anderson, Kenneth D		1.2 NAME	·	
STREET ADDRESS	8354 PALOMINO DRIVE		1.2 NAME		
CITY-ST-ZIP	LAKE WORTH FL 33467		1.3 STREET ADDRESS		
TITLE			1.3 STREET ADDRESS		· .
		DELETE			☐ Change ☐ Addition
NAME		☐ DELETÉ	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
NAME		☐ DELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME		☐ Change ☐ Addition
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CITY-ST-ZIP 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 trastee empowers 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 appear with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR