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

DOCUMENT # P96000014640

1. Corporation Name

Principal Place 1150-11 POWER NAPLES FL 335 US	R ST	Mailing Address 8395 GARDEN ROAD RIVIERA BEACH FL 33404 US		DO NOT WRI' 3. Date Incorporated or Qualifed 02/13/1996	TE IN THIS SPAC		
2. Principal P	lace of Business	2a. Mailing Address	.	4. FEI Number			ied For
21		26		65-0656517			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	7 -	. 75 Ad ee Req	
City & Stat	e	City & State		Election Campaign Financing Trust Fund Contribution	\$:	5.00 M dded to	lay Be
Zip	Country	Zip	Country 30	This corporation owes the curre Personal Property Tax.	ent year Intangible	es D	No
-	9. Name and Address of Curr			10. Name and Address of New F	Registered Agent		
MENG, PHILIP G 8395 GARDEN RD. RIVIERA BEACH FL 33404			81 Name 82 Street Ac 83 84 City	ddress (P.O. Box Number is Not Acceptable)			
-66.00.00	egistered agent, or both, in the Statem familiar with, and accept the obli- Signature, typed or printed name of registered a	te of Florida, Such change was aut gations of, Section 607.0505, Florid gent and title if applicable. (NOTE: R	thorized by the corpora da Statutes.	progration submits this statement for the ation's board of directors. I hereby acception when reinstating)	DATE		
TITLE	D		13.	ADDITIONS/CHANGES TO OF	FICERS AND DIR	ECTOR	1\$ IN 12
		DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OF		RECTOR hange	Addition
NAME STREET ADDRESS	MENG, PHILIP G 8395 GARDEN RD.						
NAME STREET ADDRESS			1.1 TITLE 1.2 NAME			hange	Addition
NAME	8395 GARDEN RD.		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS				
NAME STREET ADDRESS CITY-ST-ZIP	8395 GARDEN RD. RIVIERA BEACH FL 33404	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			hange	Addition
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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 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 on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

☐ Change

Addition

Feb 10, 1999 8:00 am Secretary of State

02-10-1999 90032 044 ***158.75