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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000029115

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90128 012 ***150.00

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Principal	Place of Business		Mailing Addr	ress		·	I I ME SIEDET TITE EROTE MOTE MOTE MATERIAL	(11 GR 114 GB150 E11)	
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i							3. Date Incorporated or Qualifed		_	
							04/03/1996			
2. Princi	pal Place of Business		2a. Mailing A	Address			4. FEI Number			Applied For
21			26	. 4			59-3370335			Not Applicable Additional
Suite;	Apt. #, etc.		Suite, Ap	ot. #, etc.			5. Certifcate of Status Desired			Required
	State		City & St	tate			6. Election Campaign Financing		\$5.0	O May Be
23			_ 28 				Trust:Fund:Contribution			d to Fees
Zip		Country	Zip	г	Country	•	8. This corporation owes the curr			M No
24	25		29		30		Personal Property Tax. 10. Name and Address of New F		☐ Yes	MAINO ,
<u> </u>	9. Name and	d Address of Current	Registered Age	ein	81	Name	10. Hame and Address of New P	rogistered P	Agus	
	PETRIELLO, JOHN	Α								
	109 NATURES ISLI				82	Street Add	dress (P.O. Box Number is Not Accepta	able)		
	PONTE VEDRA BE	ACH FL 32082	•		83					
	; ; ;				84	City		FL	85 Zi	p Code
									hanging	its registered
44 Dun	viant to the provisions	of Sections 607 0502	and 607 1508	Florida Statute	s the shove	e-named col	rporation submits this statement for the	ourbose of c		
offic	o or registered agent	or both in the State of	f Florida, Such o	change was au	ithorized by	the cornora	rporation submits this statement for the tion's board of directors. I hereby accept	pt the appoin	tment as	registered
offic	o or registered agent	of Sections 607.0502 or both, in the State o and accept the obligation	f Florida, Such o	change was au	ithorized by	the cornora	rporation submits this statement for the tion's board of directors. I hereby accep	pt the appoin	tment as	registered
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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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

3/3/99 904-273-9947
Date Phone #