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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State 04-29-1999 90078 044 ***150.00

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Principal Flace 201 W DEARBO ENGLEWOOD F	e of Business	Mailing Addres 201 W DEARBO ENGLEWOOD F US	orn st					DO NOT	WRITE IN THIS		
							3. Date ncorporated or Qualifed 03/29/1996				
2 Principal P	Place of Business	2a. Mailing Ad-	dress				4. FEI Number	·		I A	pplied For
21	add of Buomood	26	4.000			j	65-067431	1		⊢	ct Applicable
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.							\$8.75	Additional
22		27	•				5. Certificate of S	tatus Desire	ed 🗌	Fee R	€ quired
City & Stat	le	City & Stat	te				6. Election Camp	aign Financ	ing _	\$5.00	May Be
23		28					Trust Fund Co	ntribution		Added	o Fees
Zip	Co. ntry	Zip		Count	ry		8. This corporation	n owes the	current year In		_
24	25	29		30	10		Persc nal Property Tax.			∐ Yes	□No
	9. Name and Address of Cur	rent Registered Agen	<u>t</u>	8	1 Name		10. Name and Ad	dress of N	ew Registered	Agent	
285	ICICKI, MARY ROTONDA CR ONDA W FL 33947			8	3 162	2_J _	(P.O. Box Numbe	f #20) -7	85 Zip	Code
	to the provisions of Sections 607.				Er	NGL	EWOOD	FL	FL		20de 1223
agen'. I a SIGNATURE	m familiar with, and accept the ob Signature, typed or printed arms of registered OFFICERS				ent signature req	quired wh	en reinstatin 3) ADDIT IONS/CH	IANGES TO	DATE OFFICERS AI		
TITLE	D		DELETE	11 TITLE						Change	Addition
NAME	WOJCICKI, MARY			1.2 NAM	:	17	O IROAI NGLEWOOD	MIAY	#207		
STREET ADD RESS	285 ROTONDA CR			1.3 STRE	ET ADDRESS	10	0 ± 0		34223		
CITY-ST-ZIP	ROTONDA W FL			1.4 CITY	ST-ZIP			1 +0			
TITLE			DELETE	2.1 TITLE	:					Change	☐ Addition
NAME				2.2 NAME	1						
STREET ADD RESS				2.3 STRE	ET ADDRESS						
CITY-ST-ZIP			DELETE	2. 4 CITY						Change	Addition
TITLE		Ц	DEFEIE	3 1 TITLE	i					Change	
NAME				3 2 NAM							
STREET ADDRESS					ET ADDRESS						
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NAME		Ų	JULE I	4 2 NAM	1					3,10,190	_,,,,,,,,,,,,
STREET ADDRESS					ET ADORESS						
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TITLE		П	DELETE	5.1 TITLE						☐ Change	☐ Addition
NAME		٥	-	5.2 NAME						_ ,	_
STREET ADDRESS				5.3 STRE	ET ADDRESS						
CITY-ST-ZIF				5.4 CITY-							
TITLE			DELETE	6.1 TITLE	·			·		Change	Addition
NAME :				6.2 NAME	1						
STREET ADDRESS				6.3 STRE	ET ADDRESS						
CITY-ST-ZIF				6.4 CITY	ST-ZIP						

14. Thereby 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; tha 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.

SIGNATURE: M. L. S. C. L. SIGNATURE AND TYPED OF PRINCED NAME OF SIGNING OFF CER OR DIRECTOR

4/26/99