Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90152 050 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000029696

Principal P ace of Business Mailing Address 10271 SORRENTO RD PENSACOLA FL 32507 Mailing Address 10271 SORRENTO RD PENSACOLA FL 32507				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
				03/29/1996	Qualileo		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	<u> </u>		or lied For
21	26			<u>59-3174711</u>			ot Applicable
Suite, Act. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status D	Desired	-	A iditional equired
City & State	City & State			6. Election Campaign F	inancing	\$5.00	May Be
23	28			Trust Fund Contributi	- 11		tc Fees
Zip Cour try	Zip	Country		8. This corporation owe	s the current year	ntangible	
24 25	29 3	30		Persor at Property Ta		Yes	[]No
9. Name and Address of Current	Registered Agent	81		10. Name and Address	of New Registere	d Agent	
WOOD, NINA		81	Name				
10271 SORRENTO RD		82	Street Acd	ress (P.O. Box Number is No	ot Acceptable)		
PENSACOLA FL 32507		83	 -				
· •····							
11. Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the above	e-named corr	poration submits this stateme	nt for the purpose	of changing its	Code s registered
11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State or agent. am familiar with, and accept the obligations SIGNATURE Signature, typed or printed name of registered agent.	f Florida. Such change was aut ons of, Section 607,0505, Florid	s, the above thorized by da Statutes	e-named corporati	on's board of Cirectors. I her	nt for the purpose eby accept the app	of changing its	s registered egistered
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14. 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 or rity that the information indicate 1 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 pn an attachment with an address, with all other like empowered. CITY-ST-ZIP

5 4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Change

Addition ___