FILED Mar 04, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

1999 DIVISION OF CORPORATIONS

DOCUM 1. Corporation L.C.Y., IN		0036644							
Principal Place	of Rusiness	Mailing Address				fii aa iaa _{tti} ya	BHIN ANDI A	TATA BITA INTA	
3645 CHAPLAIN		3645 CHAPLAIN ROAD							
ST. CLOUD FL		ST. CLOUD FL 34772			DO NOT WRITE IN	u THIS SPA	CF		
1					3. Date Incorporated or Qualified	11/10/01/			
ļ					04/26/1996			. (
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Арр	lied For	_
21		26			59-3380544			Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$	8.75 A		
22		27				Fee Required		l	
City & State	6	City & State				\$5.00 h Added to		l	
23	Country —	28 Zip	Cou	1 bv	8. This corporation owes the current y				-3_
24 Zip	25	29	30	,	Personal Property Tax.			□ №	l
24	9. Name and Address of Curre		(30)		10. Name and Address of New Regis	stered Age	nt		;
				81 Name					
	rnton, Harkley R ESQ.			82 Street Ad	dress (P.O. Box Number is Not Acceptable)				:
1	E ROBINSON ST								,
STE				83					!
OHU	ANDO FL 32802		ì	84 City		FL 8	5 Zip Ci	ode	
					d to be the second for the second		valor ite s	ogistered	
SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the oblig Signature, typed or printed name of registered ag			by the corporalites. Agent signature requi	rporation submits this statement for the purp tion's board of directors. I heraby accept the	appointme	ent as reg	istered	1
		ent und trie if supricable. (NO I	C. REGISTER						or.
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND D			1,98
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12.	PD YATES, HENRY C JR.	ND DIRECTORS	13.			RS AND D			
12.	PD YATES, HENRY C JR. 3645 CHAPLAIN ROAD	ND DIRECTORS	13. 1.1 TT 1.2 NA			RS AND D			
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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, or on an attachment with an address, with all other fike empowered.

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3-29-99

Daytime Phone #