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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # **P96000037928**1. Corporation Name

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

03-04-1999 90172 007 ***150.00

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Principal Place	e of Business	Mailing Address			1 (1) 4 (1) 4 (1) 4 (1) 4 (1) 4 (1) 4 (1) 4 (1)		is ana i ėtis ieras (1841 IBN 1881
•		24123 PEACHLAND BLVD						
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PT CHARLOTTE FL 33954 PT CHARLOTTE FL 33954			DO NOT WRITE IN THIS SPACE		SPACE			
					3. Date Incorporated or Qualifer 04/29/1996	<u> </u>		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number			lied For
21		26			65-0670784			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 Ac	t
City & State	e	City & State			6. Election Campaign Financing	' П	\$5.00 1	
23		28			Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Countr	у	8. This corporation owes the cu	rrent year l		٦., ا
24	25		30		Personal Property Tax.	D !- 4		□No
	9. Name and Address of Curre	ent Registered Agent	8	I Name	10. Name and Address of New	Registere	d Agent	-
шп	, MARIA T		l°	Ivame				
)1 TONOWA DR		82	2 Street Ad	Idress (P.O. Box Number is Not Accep	table)		,
	ITA GORDA FL 33982		8:	2		·	•••	
7011	ITA GONDA I E 30302		•	'				
			84	4 City		F	85 Zip C	ode
		500 L 507 4500 EL 34- 01-44	- 4bb		orporation submits this statement for the			registered
l office or n	registered agent, or both, in the Stat im familiar with, and accept the oblig	te of Florida, Such change was a	utnonzea b	y trie corpora	ation's board of directors. I hereby acc	ept the app	ointment as reg	jistered
agent. i a	in idilina wat and decept are con-	gations of, Section 607.0505, Flo	nua Statute	S.				
SIGNATURE		-				DATE		
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable. (NOTE:	Registered Age		ured when reinstating)	DATE FEICERS A	AND DIRECTOR	
SIGNATURE	Signature, typed or printed name of registered at OFFICERS A	gent and title if applicable. (NOTE:	Registered Age	ent signature requ	ured when reinstating) ADDITIONS/CHANGES TO O		AND DIRECTO	
SIGNATURE 12. TITLE	Signature, typed or printed name of registered as OFFICERS A	gent and title if applicable. (NOTE:	Registered Age 13.	ent signature requ				RS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered as OFFICERS A	gent and title if applicable. (NOTE:	13. 1.1 TITLE	ent signature requ				RS IN 12
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6.4 CITY-ST-ZIP CITY-ST-ZIP 14. 1 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 arn 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.