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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # POGOCOCASAS

## Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90114 019 \*\*\*150.00

1. Corporation OEM SE	n Name <b>RVICES, I</b>	NC.		3000								
Principal Place	e of Business		Ma	ailing Address				-{			ii(B) iali iadi	
5551 WILDE OAK WAY				P.O BOX 3319								
SARASOTA FL 34232				SARASOTA FL 34230				DO NOT WOLTE IN THE SPACE				
			US					DO NOT WRITE IN	THIS SPA	ACE		1
								3. Date Incorporated or Qualifed 05/08/1996				
2. Principal Place of Business			2a.	Mailing Address			-	4. FEI Number		Ap	plied For	i
21			<u> </u>	26				65-0679388		No	t Applicable	1
Suite, Apt. :	#, etc.		120,	Suite, Apt. #, etc.					\$	8.75 A	Additional	
22			27					5. Certifcate of Status Desired	_	Fee Re	quired	ļ
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23	····		28					Trust Fund Contribution	<del></del>	Added t	o Fees	-
Zìp	r	Country	<u> </u>	Zip		intry		8. This corporation owes the current ye			□No	
24		25 and Address of Curren	29	torod Agent	30			Personal Property Tax.  10. Name and Address of New Registe				1
	9. Rame	and Address of Curren	it itegisi	tered Agent		81	Name	To: Wallie and August Dr. House				1
PATE	el, girish	•				82 3	<b>0</b>	(D.O. D. N. Lee in New Assessments)				-
5551	5551 WILDE OAK WAY						Street Addre	ss (P.O. Box Number is Not Acceptable)				
SAR	ASOTA FL :	34232				83		<del></del>	į ch			
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	,					}	City		FL!			
11. Pursuant office or reagent. I a	to the provisi egistered age m familiar wit	ons of Sections 607.050 ent, or both, in the State h, and accept the obliga	2 and 60 of Florid ations of,	07.1508, Florida Statu da. Such change was a Section 607.0505, Flo	tes, the a outhorized orida Stat	bove-n d by the utes.	named corpo e corporation	ration submits this statement for the purpon's board of directors. I hereby accept the	se of cha appointme	nging its ent as re	registered gistered	
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SIGNATURE 1	Signature, broad i	or printed name of registered age	nt and title i	if applicable. (NOTI	: Registered	d Agent si	ignature required	when reinstating) DA	re			نے ا
SIGNATURE 1	Signature, typed	or printed name of registered age			: Registered	d Agent si	ignature required	when reinstating) DA ADDITIONS/CHANGES TO OFFICER	_	DIRECTO	PRS IN 12	(86/
	Signature, typed				_		ignature required	· · · · · · · · · · · · · · · · · · ·	S AND D	DIRECTO	RS IN 12	(11/98)
12.	Signature, typed	OFFICERS AN		CTORS	13.	TLE	Deriuper enutangi	· · · · · · · · · · · · · · · · · · ·	S AND D			=
12.	PTD PATEL, GI 5551 WILL	OFFICERS AN IRISH M DE OAK WAY		CTORS	13. 1.1 TI 1.2 N	TLE		· · · · · · · · · · · · · · · · · · ·	S AND D			=
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12. TITLE NAME STREET ADDRESS	PTD PATEL, GI 5551 WILL SARASOT VSD	OFFICERS AN RISH M DE OAK WAY A FL 34232		CTORS	13. 1.1 TI 1.2 N/ 1.3 S' 1.4 Cl 2.1 TI	TLE AME TREET AS ITY-ST-Z	DDRESS	· · · · · · · · · · · · · · · · · · ·	S AND D			=
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CITY-ST-ZIP

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 of 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 like empowered.

SIGNATURE: