FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Jan 29, 1999 8:00am Secretary of State

	1999 DIVISION OF CORPORATIONS				01-29-1999 90050 019 ***150.00			
DOCU	MENT # P96	500004	3665					
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							N 1933 (N 1 5)(3	
Principal Plac	ce of Business	N	Mailing Address				** *****	41101 6111 1981
8585 S.W. SR	200		85 S.W. SR 200	•		<u> </u>		•
SUITE 10 OCALA FL 344	81		SUITE 10 OCALA FL 34481			DO NOT WRITE IN THIS SPACE		
00/12/12 9//	· .	•				3. Date Incorporated or Qualifed	· · · · · ·	
1						05/22/1996	•	
2. Principal F	Place of Business	28	. Mailing Address			4. FEI Number	Ap	plied For
21		26				59-3386771		t Applicable
Suite, Apt	. #, etc.	<u> </u>	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 / Fee Re	
City & Sta		27	City & State	,-		- La Cina di Siana di		
23	ile.	. 28				6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added	
Zip	Country		Zip	Countr	y	8. This corporation owes the current year		
24	25	29	l	30		Personal Property Tax.	∐Yes	ØNo
	9. Name and Address	of Current Regi	stered Agent			10. Name and Address of New Registere	d Agent	
LEA	IDD RELLY	PI EULIUM	ell (1944)	8.	Name		, ,	٠.
LEAIRD, KELLY 18585 S.W. SR 200 M.C. Pro-				8	Street Ad	dress (P.O. Box Number is Not Acceptable)		
SUITE 10				8:		7 2 2 2 3 3 4 3 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	No de la la resea	512 C 11 13 15
OCALA FL 34481				1.00% 在 1.00% 每 2.00% 基础 经基础 经转换 的 第 3 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6				
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11. Pursuant	to the provisions of Section	ns 607 0502 and (607 1508: Florida Stati	ites, the above	/e-named co	rporation submits this statement for the purpose	of changing its	registered
office or	registered agent, or both, in	the State of Flori	da. Such change was	authorized by	the corpora	tion's board of directors. I hereby accept the app	ointment as re	gistered
SIGNATURE	The resultation with the decouple	Mark Charle	3 1.1. 3	orida Olaldic	.		•	
	Signature, typed or printed name of				nt signature requi	ired when reinstating) () \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
12.		ICERS AND DIR		13.		ADDITIONS/CHANGES TO OFFICERS		
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NAME	LEAIRD, KELLY H	INTE 40		1.2 NAME	- 1			
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CITY OT 7ID								

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 like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

快险自己 医巴马氏管 神

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP



DELETE

1-13-90

352 237 3343

Change

Additic