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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P96000043963**

1. Corporation Name

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90165 026 ***150.00

υαιπ	ACING, INC.			·				
Principal Place	e of Business	Mailing Address					514 65 (111 (35 1	įŧ
442 SW 54TH COURT OCALA FL 34474		442 SW 54TH COURT OCALA FL 34474		DO NOT WRITE IN TH	IIS SPACE			
					3. Date Incorporated or Qualifed	IIS SPACE		
					05/16/1996			;
Oringinal P	lace of Business	2a, Mailing Address	 ··		4. FEI Number	Apr	olied For	
	lace of Dusiness	26			59-3383205	<u> </u>	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		<u></u>	5. Certificate of Status Desired	\$8.75 A		
City & Stat	e	City & State			6 Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added to		
Zip 24	Country 25	Zip 29	Count	iry	This corporation owes the current year Personal Property Tax.		□No	
24	9 Name and Address of Curr				10. Name and Address of New Registers	d Agent		
			8	Name				
	W, CHESTER J. NE 8TH AVENUE		8	32 Street Add	dress (P.O. Box Number is Not Acceptable)			
OCA	NLA FL 34470		8	33			***	
			8	34 City		85 Zip C	ode	
					poration submits this statement for the purpose	of changing its	registered	
44 Durawant	to the provisions of Sections 607.0	502 and 607 1508. Florida Statuti	es ine and	ive-named con				1
11. Pursuant office or ragent. I a	to the provisions of Sections 607.0 registered agent, or both, in the Statum familiar with, and accept the obli	502 and 607,1508, Florida Statut te of Florida. Such change was a gations of, Section 607.0505, Flo	es, the about thorized the rida Statut	ove-named cor by the corporat es.	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap-	pointment as rec	jistered -	_=
11. Pursuant office or ragent. I a	im familiar with, and accept the obli	gations of, Section 607.0505, Flo	nda Statut	es. 		pointment as rec	gistered -	_=
agent. I a	m familiar with, and accept the obli-	gations of, Section 607.0505, Fig.	Registered A	es. 	red when reinstating) DATE			(86)
agent. I a	m familiar with, and accept the obli-	gations of, Section 607.0505, Flo	nda Statut	gent signature requir				(11/98)
agent. I a SIGNATURE 12.	Signature, typed or printed name of registered a OFFICERS A	gations of, Section 607.0505, Fio- gent and bite if applicable. (NOTE AND DIRECTORS	: Registered A	gent signature requir	red when reinstating) DATE	AND DIRECTO	RS IN 12	Ξ
agent. I a SIGNATURE 12.	Signature, typed or printed name of registered a OFFICERS A	gations of, Section 607.0505, Fio- gent and bite if applicable. (NOTE AND DIRECTORS	Registered A	gent signature requir	red when reinstating) DATE	AND DIRECTO	RS IN 12	Ξ
AGENTURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered a OFFICERS A D SCHNORR, JOHN L.	gations of, Section 607.0505, Fio- gent and bite if applicable. (NOTE AND DIRECTORS	13. 1.1 TITLI 1.2 NAM	gent signature requir	red when reinstating) DATE	AND DIRECTO	RS IN 12	Ξ
agent. I a SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered a OFFICERS A D SCHNORR, JOHN L. 442 SW 54TH COURT	gations of, Section 607.0505, Fio- gent and bite if applicable. (NOTE AND DIRECTORS	13. 1.1 TITLI 1.2 NAM	gent signature requir E E EET ADDRESS '-ST-ZIP	red when reinstating) DATE	AND DIRECTO	RS IN 12	Ξ
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered a OFFICERS A D SCHNORR, JOHN L. 442 SW 54TH COURT OCALA FL 34474	gartiand title if applicable. (NOTE AND DIRECTORS	13. 1.1 TITLI 1.2 NAM 1.3 STRI	gent signature requir E E EET ADDRESS '-ST-ZIP E	red when reinstating) DATE	AND DIRECTO	RS IN 12	Ξ
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered a OFFICERS A D SCHNORR, JOHN L. 442 SW 54TH COURT OCALA FL 34474 D	gartiand title if applicable. (NOTE AND DIRECTORS	13. 1.1 TITLI 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM	gent signature requir E E EET ADDRESS '-ST-ZIP E	red when reinstating) DATE	AND DIRECTO	RS IN 12	CR2F034 (11/98)
Agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed of printed name of registered a OFFICERS A D SCHNORR, JOHN L. 442 SW 54TH COURT OCALA FL 34474 D SCHNORR, DOROTHY	gartiand title if applicable. (NOTE AND DIRECTORS DELETE	13. 1.1 TITLI 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI	gent signature requir E E EET ADDRESS '-ST-ZIP E EE	red when reinstating) DATE	AND DIRECTO Change	RS IN 12 Addition	Ξ
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed of printed name of registered a OFFICERS A SCHNORR, JOHN L. 442 SW 54TH COURT OCALA FL 34474 D SCHNORR, DOROTHY 442 SW 54TH COURT	gartiand title if applicable. (NOTE AND DIRECTORS	13. 1.1 TITLI 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI	gent signature requir E E EET ADDRESS - ST-ZIP E EET ADDRESS Y- ST-ZIP	red when reinstating) DATE	AND DIRECTO	RS IN 12	Ξ
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed of printed name of registered a OFFICERS A SCHNORR, JOHN L. 442 SW 54TH COURT OCALA FL 34474 D SCHNORR, DOROTHY 442 SW 54TH COURT	gartiand title if applicable. (NOTE AND DIRECTORS DELETE	Registered A 13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CITY	gent signature requir E E E E E E E F ST-ZIP E E E E E E E E E T T T T	red when reinstating) DATE	AND DIRECTO Change	RS IN 12 Addition	Ξ
Agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed of printed name of registered a OFFICERS A SCHNORR, JOHN L. 442 SW 54TH COURT OCALA FL 34474 D SCHNORR, DOROTHY 442 SW 54TH COURT	gartiand title if applicable. (NOTE AND DIRECTORS DELETE	Registered A 13. 1.1 TITLI 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITLI 3.2 NAM	gent signature requir E E E E E E E F ST-ZIP E E E E E E E E E T T T T	red when reinstating) DATE	AND DIRECTO Change	RS IN 12 Addition	Ξ
Agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	Signature, typed of printed name of registered a OFFICERS A SCHNORR, JOHN L. 442 SW 54TH COURT OCALA FL 34474 D SCHNORR, DOROTHY 442 SW 54TH COURT	gent and title if applicable. (NOTE AND DIRECTORS DELETE DELETE	Registered A 13. 1.1 TITLI 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITLI 3.2 NAM 3.3 STRI 3.4 CITY 3.4 CITY 3.5 CITY 3.5 CITY 3.5 CITY 3.7	gent signature requir E E E E E E E E E T ST-ZIP E E E E E E T A D R E E E F A D R E E F F F F F F F F F F F	red when reinstating) DATE	AND DIRECTO Change Change	RS IN 12 Addition Addition	Ξ
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed of printed name of registered a OFFICERS A SCHNORR, JOHN L. 442 SW 54TH COURT OCALA FL 34474 D SCHNORR, DOROTHY 442 SW 54TH COURT	gartiand title if applicable. (NOTE AND DIRECTORS DELETE	Registered Ar 13. 1.1 TITLI 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI 3.2 NAM 3.3 STRI 3.4 CITY 4.1 TITLI 4.1 TITL	gent signature requir E E EET ADDRESS -ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS	red when reinstating) DATE	AND DIRECTO Change	RS IN 12 Addition	Ξ
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	Signature, typed of printed name of registered a OFFICERS A SCHNORR, JOHN L. 442 SW 54TH COURT OCALA FL 34474 D SCHNORR, DOROTHY 442 SW 54TH COURT	gent and title if applicable. (NOTE AND DIRECTORS DELETE DELETE	Registered A: 13. 1.1 TITLI 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITLI 3.2 NAM 3.3 STRI 3.4. CITY 4.1 TITLI 4.2 NAM	gent signature requir E E E E E E E E E E E E E	red when reinstating) DATE	AND DIRECTO Change Change	RS IN 12 Addition Addition	Ξ
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed of printed name of registered a OFFICERS A SCHNORR, JOHN L. 442 SW 54TH COURT OCALA FL 34474 D SCHNORR, DOROTHY 442 SW 54TH COURT	gent and title if applicable. (NOTE AND DIRECTORS DELETE DELETE	Registered A: 13. 1.1 TITLI 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITLI 3.2 NAM 3.3 STRI 3.4. CITY 4.1 TITLI 4.2 NAM	gent signature requir E E EET ADDRESS -ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS	red when reinstating) DATE	AND DIRECTO Change Change	RS IN 12 Addition Addition	Ξ
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed of printed name of registered a OFFICERS A SCHNORR, JOHN L. 442 SW 54TH COURT OCALA FL 34474 D SCHNORR, DOROTHY 442 SW 54TH COURT	gent and title if applicable. (NOTE AND DIRECTORS DELETE DELETE DELETE	Registered A: 13. 1.1 TITLI 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITLI 3.2 NAM 3.3 STRI 3.4. CITY 4.1 TITLI 4.2 NAM 4.3 STRI 4.4 CITY 4.4 CITY	gent signature requir E E E E E E E E E E E E E	red when reinstating) DATE	AND DIRECTO Change Change Change	RS IN 12 Addition Addition Addition	Ξ
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed of printed name of registered a OFFICERS A SCHNORR, JOHN L. 442 SW 54TH COURT OCALA FL 34474 D SCHNORR, DOROTHY 442 SW 54TH COURT	gent and title if applicable. (NOTE AND DIRECTORS DELETE DELETE	Registered A: 13. 1.1 TITLI 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITLI 3.2 NAM 3.3 STRI 3.4 CITY 4.1 TITLI 4.2 NAM 4.3 STRI 4.4 CITY 5.1 TITLI 5. TITLI 5. TITLI 5. TITLI 5. TITLI 5. TITL	gent signature requir E E E E E E E E E E E E E	red when reinstating) DATE	AND DIRECTO Change Change	RS IN 12 Addition Addition	Ξ
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed of printed name of registered a OFFICERS A SCHNORR, JOHN L. 442 SW 54TH COURT OCALA FL 34474 D SCHNORR, DOROTHY 442 SW 54TH COURT OCALA FL 34474	gent and title if applicable. (NOTE AND DIRECTORS DELETE DELETE DELETE	Registered A 13. 1.1 TITLI 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI 3.2 NAM 3.3 STRI 3.4 CITY 4.1 TITLI 4.2 NAM 4.3 STRI 4.4 CITY 5.1 TITLI 5.2 NAM	gent signature requir E E EEET ADDRESS - ST-ZIP E EEET ADDRESS Y-ST-ZIP E EEET ADDRESS	red when reinstating) DATE	AND DIRECTO Change Change Change	RS IN 12 Addition Addition Addition	Ξ
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed of printed name of registered a OFFICERS A SCHNORR, JOHN L. 442 SW 54TH COURT OCALA FL 34474 D SCHNORR, DOROTHY 442 SW 54TH COURT OCALA FL 34474	gent and title if applicable. (NOTE AND DIRECTORS DELETE DELETE DELETE	Registered A 13. 1.1 TITLI 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITLI 3.2 NAM 3.3 STRI 3.4 CITY 4.1 TITLI 4.2 NAM 4.3 STRI 4.4 CITY 5.1 TITLI 5.2 NAM 5.3 STRI 5. STRI 5	gent signature requir E E E EET ADDRESS - ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS - ST-ZIP E EET ADDRESS - ST-ZIP E AE EET ADDRESS	red when reinstating) DATE	AND DIRECTO Change Change Change	RS IN 12 Addition Addition Addition	Ξ
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed of printed name of registered a OFFICERS A SCHNORR, JOHN L. 442 SW 54TH COURT OCALA FL 34474 D SCHNORR, DOROTHY 442 SW 54TH COURT OCALA FL 34474	gartiand title if applicable. (NOTE AND DIRECTORS DELETE DELETE DELETE DELETE	Registered A: 13. 1.1 TITLI 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI 3.2 NAM 3.3 STRI 3.4 CITY 4.1 TITLI 4.2 NAM 4.3 STRI 4.4 CITY 5.1 TITLI 5.2 NAM 5.3 STRI 5.4 CITY 5.5 TITTLI 5.5 NAM 5.5 STRI 5.4 CITY 5.4 CITY 5.5 TITTLI 5.5 NAM 5.5 STRI 5.5 TITTLI 5.5 NAM 5.5 T	gent signature requir E E E E E E E E E E E E E	red when reinstating) DATE	AND DIRECTO Change Change Change Change	RS IN 12 Addition Addition Addition Addition	Ξ
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed of printed name of registered a OFFICERS A SCHNORR, JOHN L. 442 SW 54TH COURT OCALA FL 34474 D SCHNORR, DOROTHY 442 SW 54TH COURT OCALA FL 34474	gent and title if applicable. (NOTE AND DIRECTORS DELETE DELETE DELETE	Registered A 13. 1.1 TITLI 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITLI 3.2 NAM 4.3 STRI 4.4 CITY 5.1 TITLI 5.2 NAM 4.3 STRI 4.4 CITY 5.1 TITLI 5.2 NAM 5.3 STRI 6.1 TITLI 6.1 TIT	gent signature requir E E E EET ADDRESS '-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS '-ST-ZIP E EET ADDRESS '-ST-ZIP E EET ADDRESS '-ST-ZIP E EET ADDRESS '-ST-ZIP E EET ADDRESS	red when reinstating) DATE	AND DIRECTO Change Change Change	RS IN 12 Addition Addition Addition	Ξ
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered a OFFICERS A SCHNORR, JOHN L. 442 SW 54TH COURT OCALA FL 34474 D SCHNORR, DOROTHY 442 SW 54TH COURT OCALA FL 34474	gartiand title if applicable. (NOTE AND DIRECTORS DELETE DELETE DELETE DELETE	Registered A 13. 1.1 TITLI 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITLI 3.2 NAM 4.3 STRI 4.4 CITY 5.1 TITLI 5.2 NAM 6.3 STRI 6.1 TITLI 6.2 NAM	gent signature requir E E E EET ADDRESS '-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS '-ST-ZIP E EET ADDRESS '-ST-ZIP E EET ADDRESS '-ST-ZIP E EET ADDRESS '-ST-ZIP E EET ADDRESS	red when reinstating) DATE	AND DIRECTO Change Change Change Change	RS IN 12 Addition Addition Addition Addition	Ξ

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 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.

6.4 CITY-ST-ZIP

SIGNATURE:

2/1/99 (352)465-2256 Date Daytime Pho