ANNU	PROFIT PORATION JAL REPORT 1999		Katherin Secretary DIVISION OF CO	TMENT OF STATE Harris of State	FILE May 17, 199 Secretary 0 05-17-1999 90017 02	9 8:00 am of State
1. Oorporation	Company, INC.		591			
7577 118TH TEF LIVE OAK FL 32 US	7R 2060	LIVE (US	18TH TERR DAK FL 32064-0625		DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed 06/20/1996	
2. Principal Pla 21 Suite, Apt. i	ace of Business	26	failing Address		4. FEI Number 59-3392776	Applied For Not Applicable \$8.75 Additional
22 City & State		27	City & State		5. Certifcate of Status Desired	Fee Required
23		28		Country	Trust Fund Contribution	Added to Fees
Zip 24	Country	29		Country 30	8. This corporation owes the current year Inta Personal Property Tax. 10. Name and Address of New Registered A	Ŭ Yes □ No
9. Name and Address of Current Registered Agent WILLIAMS, STANLEY W 1414 DARROW AVENUE, SE LIVE OAK FL 32060				81Name82Street Addi838484City	ress (P.O. Box Number is Not Acceptable)	85 Zip Code
office or re agent. I ar SIGNATURE	to the provisions of Section agistered agent, or both, m familiar with, and acce	in the State of Florida.	Such change was au	thorized by the corporati	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	changing its registered ntment as registered
_	Signature, typed or printed name of	of registered agent and title if a		Da Statutes. Registered Agent signature require		
12.	OF	of registered agent and true if as FICERS AND DIREC	oplicable. (NOTE: f	Registered Agent signature require		
12. TITLE NAME STREET ADDRESS	OF MD WILLIAMS, STANLEY 7577 118TH TERR	FICERS AND DIREC	oplicable. (NOTE: F	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	od when reinstating) DATE	ID DIRECTORS IN 12
12. TITLE NAME	OF MD WILLIAMS, STANLEY	FICERS AND DIREC	oplicable. (NOTE: F	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME	od when reinstating) DATE	ID DIRECTORS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OF MD WILLIAMS, STANLEY 7577 118TH TERR LIVE OAK FL 32060 D WILLIAMS, BEVERLY	FICERS AND DIREC	Difficable. (NOTE: f	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	od when reinstating) DATE	ID DIRECTORS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE	OF MD WILLIAMS, STANLEY 7577 118TH TERR LIVE OAK FL 32060 D WILLIAMS, BEVERLY 7577 118TH TERR	FICERS AND DIREC	Dicable. (NOTE: f	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	od when reinstating) DATE	ID DIRECTORS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OF MD WILLIAMS, STANLEY 7577 118TH TERR LIVE OAK FL 32060 D WILLIAMS, BEVERLY 7577 118TH TERR	FICERS AND DIREC	DELETE	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE	od when reinstating) DATE	ID DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OF MD WILLIAMS, STANLEY 7577 118TH TERR LIVE OAK FL 32060 D WILLIAMS, BEVERLY 7577 118TH TERR	FICERS AND DIREC	DELETE	Registered Agent signature require 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 14 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.1 TITLE	od when reinstating) DATE	ID DIRECTORS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OF MD WILLIAMS, STANLEY 7577 118TH TERR LIVE OAK FL 32060 D WILLIAMS, BEVERLY 7577 118TH TERR LIVE OAK FL 32060	E		Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.1 TITLE 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	od when reinstating) DATE	ID DIRECTORS IN 12 Change Addition tify that the information Addition

... 4 ----__-__.