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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000058253 1. Corporation Name

LI CHEADO P CO INC

FILED Mar 10, 1999 8:00 am Secretary of State 03-10-1999 90217 034 ***150.00

	Ans a co., inc.							
Principal Place	e of Business	Mailing Address			6 INCHES TO DESIGNATION	Marti Matti aditte Marai .		#11## 11J1 (##1
964 WEST STATE RD 434 964 WEST		964 WEST STATE RI LONGWOOD FL 3275			DO NO	T WRITE IN THIS	SPACE	
03		00			3. Date Incorporated or Qu	ualifed		
					07/09/1996			
2. Principal Pl	lace of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·		4. FEI Number		App	plied For
21		26			59-3393912		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, et	C.		5. Certifcate of Status Des	ired 🗆	\$8.75 A	
22		27			5. Certificate of Status Des		Fee Re	quired
City & Stat	e	City & State	·		Election Campaign Fina	ncing	\$5.00	
23:		28			Trust Fund Contribution		Added to	o Fees
Zip	Country	Zip	Cou	ntry	8. This corporation owes the	ne current year Into		
24	25	29	30		Personal Property Tax.			□No
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of	New Registered	Agent	
				81 Name	UCILLE URBAN			
	IS, NANCY L			82 Strepts A	ddress (P.O. Box Number is Not /	(preptable)		
	WEST STATE RD-434			90	04 WEST STATE	COAD 434	<u> </u>	
LON	GWOOD-FL-32750-			83		,		
				84 City			85 <u>Z</u> ip C	Code
				1°4 67/04	6W00D	FL	32	750
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida	Statutes, the al			for the purpose of	changing its	registered
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Stat m familiar with, and accept the obli	te of Florida. Such change	was authorized	by the corpor	ration's board of directors. I hereby	y accept the appoil	niment as reç	gistered
agent. i a		07.030	os, Ponda Stati	1 107	ead	V 9-8	.99	}
SIGNATURE	1 Hurle Hat	ans	LINCIL	LE ()KT	guired when reinstating)	$\times 3-8$.99	
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	Signature typed or printed name of registered a OFFICERS /	gent and title if applicable	(NOTE: Registered	Agent signature re	Quired when reinstating) ADDITIONS/CHANGES	TO OFFICERS AN	D DIRECTO	
SIGNATURE	Signature hyped or printed name of logistered a OFFICERS /	gent and title if applicable AND DIRECTORS	(NOTE: Registered	Agent signature re	Quired when reinstating) ADDITIONS/CHANGES	TO OFFICERS AN	D DIRECTO	RS IN 12
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12. TITLE NAME STREET ADDRESS	Signature hyped or printed hame of logistered of OFFICERS / D LEWIS, NANCY L 964-WEST-STATE RD 484	gent and title if applicable AND DIRECTORS	(NOTE: Registered 13. ETE 1.1 TF 12 NA 1.3 ST	Agent signature re- TLE AME TREET ADDRESS	Quired when reinstating) ADDITIONS/CHANGES	TO OFFICERS AN	D DIRECTO	RS IN 12
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64 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #