## **PROFIT** CORPORATION\*\*\* ANNUAL REPORT



## FLORIDA DEFARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

## DOCUMENT # DOCOOOCOO?

<ol> <li>Corporation</li> </ol>	NAME PER ENTERTAINA	MENT AND RENTAL, IN	C.					
Principal Plac	e of Business	Malling Address	_					
6217 COUNTY ROAD 218 KEYSTONE HEIGHTS FL 32656 KEYSTONE HEIGHTS FL 32656 KEYSTONE HEIGHTS FL 32656							22465	
						RITE IN THIS	SPACE	
	والمراسية المساوية	المستعدانين المرازات	<del></del> .		3. Date Incorporated or Qualife 08/19/1996	<u></u>		<del>-</del>
2. Principal P	face of Business	2a. Mailing Address			4. FEI Number			pplied For
n		26		59-3414664			ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		,	Additional tequired
2								
City & Stat	<del>e</del> ^	- City & State			Election Campaign Financin     Trust Fund Contribution			May Be. to Fees
Zip	Country	Zip	Count	try	8. This corporation owes the c			~
4	. 25	29	30		Personal Property Tax.		[]Yes	□No
	9. Name and Address of Curren	t Registered Agent		<del></del>	10. Name and Address of Ne	w Registered A	tgent	
ncoi	DVELANT DATRICIA C		8	31 Name				
PERRYMAN, PATRICIA C 6217 COUNTY ROAD 21B KEYSTONE HEIGHTS FL 32656			8	Street	Address (P.O. Box Number is Not Acce	ress (P.O. Box Number is Not Acceptable)		
			8	33				
			8	34 City		F)	85 Zip	Code
agent. I a	In ramiliar with, and accept the obligation of registered specific			<b>43</b> .	corporation submits this statement for t ration's board of directors. I hereby ac			
12.	· OFFICERS AN			gent signature n	quired when reinstiffing)	OATE		
TITLE	PTD .		13.		ADDITIONS/CHANGES TO			
		DELETE	13.	E	quired when reinstatting)  ADDITIONS/CHANGES TO		D DIRECT	
NAME .	PERRYMAN, PATRICIA C		13. 1.1 TITL	E E	quired when reinstatting) ADDITIONS/CHANGES TO			
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14. 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 a lother like empowered

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

HANE

STREET ADDRESS

SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90050 017 \*\*\*150.00