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 # POSOCOOSO

Principal Place of Business Mailing Address							
		DO NOT WRITE IN THIS SPACE	CE				
		3. Date Incorporated or Qualifed 08/16/1996	_				
		4. FEI Number 59-3398320					
)	_						
			5				
Country	ï	or min desperance and desired years					
			t				
81	L		ess (P.O. Box Number is Not Acceptable)				
83		3					
84		FL 85	Ī				
	30 81 82 83	Count 30 8	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 08/16/1996 4. FEI Number 59-3398320 5. Certifcate of Status Desired 6. Election Campaign Financing Trust Fund Contribution Country 8. This corporation owes the current year Intangible Personal Property Tax. 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83				

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90087 045 ***150.00



Applied For Not Applicable \$8.75 Additional

ZNo

-Fee Required -

\$5.00 May Be Added to Fees

☐ Yes

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DESTIN FL 32541	83					
	84	City	,	85	Zip Co	nde
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authoriz agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida St	ed by	the c	ned corporation submits this statement for the purpose of orporation's board of directors. I hereby accept the appo	changi ntment	ng its regi	egistered stered
SIGNATURE		• ======	ure required when reinstating) DATE			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register 12. OFFICERS AND DIRECTORS		ii signa	ADDITIONS/CHANGES TO OFFICERS AF	ID DIR	ECTOR	S IN 12
The price	TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	□ Ch		☐ Addition
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DECEMBER OF ASSESSED	STREET		ESS			
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5011-51-21	. CITY-S	T-ZIP				
me □ DELETE 4:	TITLE			다	nange	☐ Addition
VAME 4.	2 NAME		· ·			
STREET ADDRESS 43	STREET	FADDR	ESS			
7111-01-23	CITY-S	T-ZIP				
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CITY-ST-ZIP 5.4	CITY-S	T-ZIP				
	TITLE			Ct	ange	☐ Addition
NAME 6.2	NAME					
STREET ADDRESS	STREET	TADOR	ESS			
CITY-ST-ZIP	CITY-S					
14. I hereby certify that the information supplied with this filing does not qualify for the e				176 . 11	t the in	formation

indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made white fail at 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.