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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Feb 09, 1999 8:00 am Secretary of State 02-09-1999 90021 024 ***150.00

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Ger 21 1811 - P			· ·		
Principal Plac	e of Business	Mailing Address			
73D EMERSON	DR. NE	730 EMERSON DR. NE			
PALM BAY FL	32907	PALM BAY FL 32907		DO NOT WRITE IN THIS S	DACE
	•		:	3. Date Incorporated or Qualifed	race .
	•		- ;	09/03/1996	1
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26	<u> </u>	59-3362715	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	ie	City & State		6 Floation Compaign Financing	
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intan	gible
24	25		30		Yes □No
	9. Name and Address of Current	t Registered Agent	81 Name	10. Name and Address of New Registered Ag	gent
BRA	DSTREET, JAMES J		Name	•	
730 EMERSON DR. NE		82 Street Add	ress (P.O. Box Number is Not Acceptable)		
PALM BAY FL 32907		83		1 6 0 1 2 3	
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			City	FL	85 Zip Code 124
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	s, the above-named corp	poration submits this statement for the purpose of chion's board of directors. I hereby accept the appointm	anging its registered
i agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Flori	da Statutes.	on a board of directors. Thereby accept the appoint	nont as togistored
SIGNATURE					
- Maint Old	Elegative trend or existed space of registered exect	and title if applicable (AIOTE) I	Boulstored Aport planeture require	nd whos religionation)	
12.	Signature, typed or printed name of registered agent OFFICERS ANI	·	Registered Agent signature require		DIRECTORS IN 12
行进		·		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12 Change Addition
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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 officer or trustee empowered.

SIGNATURE: