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

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90150 040 ***158.75

DOCUMENT # P9600074306

-
P.O. BOX 1783 PALM HARBOR FL 34683-0222 US
2a. Mailing Address 26 V O DOX 1783
Suite, Apt. #, etc.

PALM HARBOR FL 34683-0222 PALM HARBOR FL 34683-0222				SO NOT WOITE IN THE	anaor		
บร	US US			DO NOT WRITE IN THIS SPACE			
			3. Date Incorporated or Qualifed				
0.00	- F Puning	2a. Mailing Address. /			08/19/1996 4. FEI Number	An	plied For
- $11L$	ace of Business	26. Walling Address	OV	179:	S 59-3393701		Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.	<u> </u>			\$8.75 A	
22 27				5. Certificate of Status Desired	Fee Re	quired	
city & state 23 Lat M + 4 2000 + C 28 M M + 4 2000			CF	<u>Z_</u>	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	• ,
Zip				-11-			
24 9685 25 () NEIGO 29 PC 30 BINEIA				Personal Property Tax. Yes No			
9. Name and Address of Current Registered Agent / 81 Name					10. Name and Address of New Registered	Agent	
RACI	on, beth		0,	, wante			
210 ARBOR DRIVE E.			82	Street Ad	idress (P.O. Box Number is Not Acceptable)		
	M HARBOR FL 34683		83	<u> </u>			
	W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,	55	<u> </u>	45 .8		
	Λ		84	City	FL	85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Stetutes,	the above	e-ùalmed co	orporation submits this statement for the purpose of	changing its	registered
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the Gate of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the provisions of Section 607,0505 Florida Statutes.							
	JK. IV. S	a / Kes	h	Mac		1	
SIGNATURE	Signature, typed or printed pame of egistered age	ent and title if applicable. (NOTE: Re	gistered Ager		uired whigh reinstating) / DATE		
12.	OFFICERS AI	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN		
πιε	P	☐ DELETE	1,1 TITLE			Change	☐ Addition
NAME	BACON, BETH		12 NAME				i
STREET ADDRESS	210 ARBOR DRIVE E		1.3 STREE	TADDRESS			
CITY-ST-ZIP	PALM HARBOR FL	Delete	1.4 CITY-S	T-ZIP		☐ Change	☐ Addition
TITLE	VP	☐ DELETE	2.1 TITLE	1		Change	
NAME	BACON, BRAD		2.2 NAME				
STREET ADDRESS	210 ARBOR DRIVE E			TADORESS			
CITY-ST-ZIP	PALM HARBOR FL	□ SELETE	2. 4 CITY-5	ST-ZIP		Change	Addition
TITLE		☐ DELETE	3.1 TITLE			□ Citalige	
NAME			3.2 NAME	* +0000			
STREET ADDRESS			ļ.	TADORESS			
CITY-ST-ZIP		☐ DELETE	3.4. CITY-S 4.1 TITLE	ST-ZIP		Change	Addition
TITLE			4.1 IIICE				
NAME				ļ.			
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-S 5.1 TITLE	11-214		Change	Addition
1			5.2 NAME				_
NAME				TADDRESS			
STREET ADDRESS	}		5.4 CITY-S				
CITY-ST-ZIP		DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				_
				T ADDRESS			
STREET ADDRESS	1		0.5 3 INEC	- AUDINESS			

6.4 CITY-ST-ZIP 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 suppliemental 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 of 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 or an attachment with an address, with all other like empowered.

SIGNATURE: