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 Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90053 019 ***150.00

1. Corporation	MENT # F D COMPANY, II	!	76681							
		! -					<u>-</u>			
Principal Place of Business Mailing Address										
15175 RESTER DRIVE 15175 RESTER DRIVE										
BROOKSVILLE FL 34613 BROOKSVILLE FL 34613							, DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed	_]	ļ
		!					09/16/1996		ļ	į
2. Principal Place of Business			2a. Mailing Address				4. FEI Number	At	plied For	l
21			26				59-3400224		ot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75		
22			7				Di. Certificate Of Otatos Dualica	Fee Re	equired =======	=-
City & State			City & State				6. Election Campaign Financing		May Be	ĺ
23			28				Trust Fund Contribution Added to Fees			
Zip Country			Zip Country				8. This corporation owes the current year Intangible			
24 .	25		29	30			1 Grootian Freporty Text	☐ Yes	□No	ł
	9. Name and Ad	dress of Current R	egistered Agent		1		10. Name and Address of New Registered A	.gent		ł
CAC	CHAN ALAM C E	20			81	Name			ı	ļ
	SMAN, ALAN S E	ou.			82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
1245 COURT STREET							·			1
SUITE 102			83							İ
CLEARWATER FL		!	84			City		85 Zip (Code	İ
		ı				•	FL	1 1		
office or re agent. I ar SIGNATURE	egistered agent. Or b	oth, in the State of F iccept the obligation	lorida. Such change was s of, Section 607.0505, F	authorized Florida Stat	utes.	ine corporatio	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	iment as re	egistered	Í
12.		OFFICERS AND D		13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	DRS IN 12	ğ
TITLE	D	•	☐ DELETE	1.1 TI	TLE			☐ Change	☐ Addition	1
NAME.	LANGWORTHY, PAUL			1.2 NAME					I	5
STREET ADDRESS 15175 RESTER DRIVE				1.3 STREET ADDRESS						6
CITY-ST-ZIP	BROOKSVILLE F			1.4 C	TY-\$1	-ZIP				3
TITLE			☐ DELETE	2.1 TI				Change	☐ Addition	١
NAME		ī		2.2 N	AME					
STREET ADDRESS				2.3 S	TREET	ADDRESS				ŀ
CITY-ST-ZIP		<u>-</u>			ETY-S	. د داخت ــــ			· · · · · · · · · · · · · · · · · · ·	}
TITLE		DELETE			3.1 TITLE			Change	☐ Addition	1
NAME		:		3.2 N	AME					
		\$				ADDRESS				}
STREET ADDRESS CITY-ST-ZIP					TY-S					[
TITLE			☐ DELETE	4.1 Ti	_			Change	☐ Addition	1
NAME		•		1	AME					{
		1				ADDRESS				l
STREET ADDRESS						1				[
CITY-ST-ZIP			☐ DELETE	4.4 C	ПҮ- \$1 П) Р	-217		Change	Addition	1
TITLE				5.1 N						
NAME		1				ADDRESS]
STREET ADDRESS					ITY-S					
CITY-ST-ZIP		•	DELETE	5.4 C				Change	☐ Addition	
TITLE			□ hertele	6.1 N						
NAME		1				ADDRESS				
STREET ADDRESS			\ / \		6.3 STREET ADDRESS					
CITY OF 7ID	· ·)/	6.4 C	ffY-S	T-ZiP				1

ing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information about its true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an ustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in eith an address, with all other like empowered. 14. I hereby certify that the information supplied with indicated on this annual refort or supplemental a officer or director of the corporation or the received Block 12 or Block 13 if/changed, or on a partition.

SIGNATURE: