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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000080688 1. Corporation Name

TEAM GUILING

## FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90246 043 \*\*\*150.00

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						3. Date Incorporated or Qualifed			
						09/30/1996 4. FEI Number	<del></del>	ΙΔn	plied For
	ace of Business	2a. Mailing Address				59-3402006		<del></del>	t Applicable
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Suite, Apt. a	#, etc.	Suite, Apt. #, etc.				<ol><li>Certifcate of Status Desired</li></ol>		Fee Re	
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City & State	•	<b>⊢</b> ¬ '				<ol><li>Election Campaign Financing Trust Fund Contribution</li></ol>		Added t	· .
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<del></del>	25	- <del> </del>	30			Personal Property Tax.	ent year mit	∏ Yes	□No
24	9. Name and Address of Current		301			10. Name and Address of New R	legistered /	Agent	
	9. Haine and Addies of Content	t registered Agent		1 Nam	e				
SMIT	H, A.D.		\ 					•	
	4 EASTBOURN DRIVE		[*	Stree	t Addres	ss (P.O. Box Number is Not Accepta	ible)		i
	SSA FL 33556		<u> </u>	3		<u> </u>			
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office or re	opictored agent or both in the State (	M Florida Such channe was al	itnonzea	IV THE CO	poration	's board of directors. I hereby accep	of the appoir	itment as re	gistered
agent. I ai	m familiar with, and accept the obligat	ions of, Section 607.0505, Flor	ida Statut	es.					
SIGNATURE			_				DATE		\
	Signature, typed or printed name of registered agent		_	gent signatur	e required v	when reinstating)	DATE FICERS AN	D DIRECTO	
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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 eath; that I am an officer or director of the corporation or the receiver optrustee empowered to secute 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.

SIGNATURE:

SIGNATURE SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF