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 # P96000086699

Principal Place of Business	Mailing Address				
03 CLUBWOOD COURT VINTER SPRINGS FL 32708	703 CLUBWOOD COURT WINTER SPRINGS FL 32708				
¬ '	2a. Mailing Address				
Suite, Apt. #, etc.	26 Suite, Apt. #, etc.				
21	26				

FILED Feb 05, 1999 8:00am Secretary of State

02-05-1999 90006 017 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

\$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

Trust Fund Contribution

10/14/1996 4. FEI Number

59-3408812

24		25	29	30			Personal Property Tax.	☑ Yes	□No		
		9. Name and Add	ress of Current Registered Age	ent			10. Name and Address of New Regist	ered Agent			
	ном	VELL, JOSEPH S		•	81	Name					
		CLUBWOOD COUR	+ 100 (100 (100 (100 (100 (100 (100 (100	•	82	Street	Address (P.O. Box Number is Not Acceptable)				
		TER SPRINGS FL 32						الأفريد ووروا	A street as I see		
	AAIIA	ien springs pl 32			83						
-					84	City		FL 85 Zip	Code		
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 State 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 obligations of, Section 607.0505, Florida Statutes.											
SIGNATURE											
40			me of registered agent and title if applicable.			t signature n	required when reinstating) DA		000 11 42		
12.			OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICER	Change	□ Addition		
пп∟		PSTV		T ORTE IE	1.1 TITLE		·	□ change	L Audibon		
NAM		HOWELL, JOSEPH			1.2 NAME						
STR	EET ADDRESS				1.3 STREET ADDRESS						
	'-ST-ZIP	WINTER SPRINGS			1.4 CITY-ST	-ZIP	**************************************				
TITL	E {	D	-	DELETE	2.1 TITLE			☐ Changé	☐ Addition		
NAM	Æ	HOWELL, JOSEPH			2.2 NAME						
STR	EET ADDRESS	703 CLUBWOOD			2.3 STREET	ADDRESS	· ·				
CITY	r-ST-ZIP	WINTER SPRINGS	FL 32708		2. 4 CITY+S	T-ZIP	· .				
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	-ST-ZIP	ns/-			5.4 CITY-ST	-ZIP			1		
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NAM	ſ	* * *	• • • • • • • • • • • • • • • • • • •		3.2 NAME			_	ļ		
	EET ADDRESS		-,	Į,	3.3 STREET	ADDRESS					
	-ST-ZIP	•		Į,	6.4 CITY-ST	-ZIP					
		ertify that the informati	ion supplied with this filing does r				I in Section 119.07(3)(i), Florida Statutes. I furthe	er certify that the	information		
. 7.	indicated	on this annual report o	r supplemental annual report is to	rue and accurate	and that	my signa	ature shall have the same legal effect as if made	under oath; that	I am an		

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 informatio 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 on an attachment with an address, with all other like empowered.

SIGNATURE

GNATURE AND PYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15.99

Daytime Phone

32E034 (11/98)