FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State 1 DIVISION OF ORPORATIONS

1999

FILED
May 05, 1999 8:00 am
Secretary of State
05-05-1999 90149 048 ***158.75

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1. Corporatio		Cata			
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					* 493235 - 90149 - 48
Principal Plac	ce of Business	Mailing Address			493255 30115
			1145		1
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431 /	SACTOR EL	431 100	CAN	₹00°×	do NOT WRITE IN THIS SPACE
Altan	nonte Springs, FL	N 170 W	onte,	JAIII D	3. Date incorporated or Qualifed
	·		<u> </u>	. 3211	
	Place of Business	2a. Mailing Address	21.1	to R1 43	4. FEI Number Applied For
	<u>Vorth State Kd. 434</u>	26 9 31 Nor H	$\sim 10^{\circ}$	16 19' D	71 3 13 13 1
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required
City & Star		City & State			
23	ie .				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Ziō -	Country.	28 	Country	, = =	8. This corporation owes the current year Intangible
24	25		30		Personal Property Tax.
24	9. Name and Address of Current F		301		10. Name and Address of New Registered Agent
· 2 100 c			81	Name	
	FNAIC, GRESON	Cf	-	<u> </u>	
97	9 OASIS CT.		82	Street Addr	ress (P.O. Box Number is Not Acceptable)
100			83		
AP	OPKAIFL 327	/2			
			84	City	FI 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502 a	and 607.1508. Florida Statute	s, the above	e-named corp	poration submits this statement for the purpose of changing its registere
office or r	registered agent, or both, in the State of am familiar with, and accept the obligation	Florida. Such change was au	thorized by	the corporation	on's board of directors. I hereby accept the appointment as registered
1	an lamiliar with, and accept the obligation	15 01, 36011011 007.0303, 7 1017	da Otatates	•	
SIGNATURE	Signature, typed or printed name of registered agent ar	nd trute if applicable. (NOTE: I	Registered Ager	nt signature required	d when reinstating) DATE
12.	OFFICERS AND	DIRECTORS	13.	-	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE		☐ DELETE	1.1 TITLE	I P	Change Add
NAME			1.2 NAME	(G-1	regory C. Chenail
STREET ADDRESS			1.3 STREE	TADDRESS Q	29 0asis Ct.
CITY-ST-ZIP	L		1.4 CITY-S	T-ZIP	700 eka, Fb 32712
TITLE		☐ DELETE	2.1 TITLE	l.V	Change Add
NAME	_		2.2 NAME	Ge	eorge 1, ttasapes, a
STREET ADDRESS	1		2.3 STREE	TADDRESS 2	10 N. Castleford Ct.
CITY-ST-ZIP			2.4 CITY-9	ST-ZIP	onawood, Fb 32774
TITLE		☐ DELETE	3.1 TITLE	31	DD ☐ Change ☐ Add
NAME			32 NAME	-50	vanne Hasales
STREET ADDRESS			3.3 STREET	TADDRESS 2	10 N. Castletord IT',
CITY-ST-ZIP	<u> </u>		3.4. CITY- S	T-ZIP	enguood, Fb 32774 Change Add
TITLE	1	☐ DELETE	4.1 TITLE		Change Add
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STREET ADDRESS			4.3 STREET	ADDRESS	
CITY-ST-ZIP		The same	4.4 CITY-S	T-ZIP	D01
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NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET		
CITY-ST-ZIP		□ per ere	5.4 CITY-S' 6.1 TITLE	1-ZIP	C) Channel C Add
TITLE		☐ DELETE			☐ Change ☐ Addi
NAME			6.2 NAME	ADDRESS	
STREET ADDRESS	{		6.3 STREET		
CITY-ST-ZIP	l		6.4 CITY-S	1-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 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (11/98)