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 # P96000091135

1. Corporation Name

FILED Mar 11, 1999 8:00 am Secretary of State 03-11-1999 90190 013 ***150.00

Principal Plac		Mailing Address						
307 FERNDALE AVE SOUTH DAYTONA FL 32119 307 FERNDALE AVE SOUTH DAYTONA FL 32119								
					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			
					11/04/1996		r	
Principal P	Principal Place of Business 2a. Mailing Address				4, FEI Number		Applied For	
26 26					59-3409801	Not Applicable		
Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional Fee Required			
22 27 City 8 State					. Sl. d. O analos Standala		5.00 May Be	
—, ·	City & State City & State			6. Election Campaign Financing \$5.00 May B Trust Fund Contribution Added to Fee				
23	28 Zip		Country		This corporation owes the current year In			
—	25		30		Personal Property Tax.	Yes	□No	
24	9. Name and Address of Curr				10. Name and Address of New Registered	d Agent		
	J. Hallie alla ricarcos si cari		81	Name				
BLACK, JAMES G					(D.O. D. M. Harris Net Assessable)			
307 FERNDALE AVE SOUTH DAYTONA FL 32119			82	Street Add	ress (P.O. Box Number is Not Acceptable)			
			83					
			84			laal :	7in Cada	
				City	FI	L 85 7	Zip Code	
12.		AND DIRECTORS	13.	it signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A			
TITLE	Р	☐ DELETE	1.1 TITLE			Cha	nge	
NAME	BLACK, JAMES G		1.2 NAME					
STREET ADDRESS	307 FERNDALE AVE		1.3 STREET	FADDRESS				
CITY-ST-ZIP	SOUTH DAYTONA FL		1.4 CITY-S	T-ZIP		. ☐ Chai	nge	
TITLE	ST	☐ DELETE	2.1 TITLE			Cilai	iida 🗀 vooiiid	
NAME	BLACK, KAREN L		2.2 NAME					
STREET ADDRESS			2.3 STREET					
CITY-ST-ZIP	SOUTH DAYTONA FL	DELETE	2. 4 CITY-S	ST-ZIP		Cha	nge 🔲 Additio	
TITLE		L) beceive	3.1 TITLE	1				
NAME			3.2 NAME	T 4DDDE00				
STREET ADDRESS			3.3 STREET					
CITY-ST-ZIP			3.4. CITY-S 4.1 TITLE	51-ZIP		☐ Cha	nge	
TITLE			4.1 MAME				- -	
NAME CTREET ADDRESS			1	ADDRESS				
STREET ADDRESS			4.4 CITY-S					
CITY-ST-ZIP TITLE		DELETE 5.1				☐ Cha	nge Addition	
NAME		_	5.2 NAME					
STREET ADDRESS			5.3 STREE	TADDRESS				
CITY-ST-ZIP			5.4 CITY-S					
TITLE		DELETE 6.1				☐ Cha	nge 🗌 Additio	
NAME			6.2 NAME					
STREET ADORESS			6.3 STREE	TADDRESS				
	t control of the cont			1				

14. 1 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