| PROFIT        |
|---------------|
| CORPORATION   |
| ANNUAL REPORT |
| 1999          |



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

| DOCUMENT # | P96000095345 |
|------------|--------------|
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1570 CORP.

Principal Place of Business

Mailing Address

416 FLAMINGO AVENUE 416 FLAMINGO AVENUE STUART FL 34996 STUART FL: 34996



Applied For

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

11/21/1996

4. FEI Number

|               |  |  | 2a. Mailing                                      | Address           |              |  | 4. FEI Number  |  | , , , , , , , , , , , , , , , , , , ,  |                   |  |
|---------------|--|--|--|-------------------|--------------|--|--|--|--|-------------------|--|
| 2. F          | rincipal Plac                                  | e of Business  | <b>⊢</b> ¬                                       | Modress           |              |  | 29-7369798   | _  | Not A  | pplicable         |  |
| 21            | 26   |  |  |                   |              |  | T  |  | \$8.75 Add   | litional          |  |
|               | Suite, Apt. #, etc.                            |  |  |                   |              |  | 5. Certificate of Status Desired   |  | Fee Requ   | ired              |  |
| $\overline{}$ | Julia, Apr. 11,                                | <b>.</b>   | 27   |                   |              |  |  |  |  |                   |  |
| 22            | :  | <del></del>  | City & S   | State             |              |  | 6. Election Campaign Financing   |  | <b>\$5.00</b> м  |                   |  |
|               | City & State                                   |  | <del>                                     </del> | Jiaio             |              |  | Trust Fund Contribution  | ш  | Added to   | Fees              |  |
| 23            | •  |  | 28   |                   |              |  |  | ent year Int                                 | angible  | 1                 |  |
|               | Zip  | Country  | Zip  | Zip Country       |              |  | 8. This corporation owes the curre   | sitt year iii                                | ∏Yes [a  | rNo I             |  |
|               | Zip  |  | 29   | 30                |              |  | Personal Property Tax.   |  |  |                   |  |
| 24            |  | [25]   |  |                   |              |  | 10. Name and Address of New F  | egistered                                    | Agent  |                   |  |
|               |  | 9. Name and Address of Current   | Registered Ay                                    | Jent              | 81           | Name   | <u> </u>   |  |  | Ļ                 |  |
|               |  |  |  | ( <u></u>         | 10.1         |  |  |  |  |                   |  |
|               |  |  |  |                   | 82           | Street Addre   | ess (P.O. Box Number is Not Accepte  | ıble)  |  | 1                 |  |
|               | 50% MARCH                                      | AMINGO AVENUE  |  |                   | "            | The state of the s |  |  |  |                   |  |
|               |  | the state of the s |  |                   | 83           |  | The Tolk William   | 机 強計 翻译                                      |  |                   |  |
|               | STUAI  | RT FL 34996  |  |                   | •            |  | · · · · · · · · · · · · · · · · · · ·  | 22 1 2 5 4 5 4 8 1 1 1                       | \$ 14184 \$1582 1416 \$  | \$41 £1() 1£4()   |  |
| 1             |  |  |  |                   | 84           | City   |  | <u>~                                    </u> | 7 '' 85 'Zîp Co  | ode "''           |  |
| 1             |  | •  |  | ^                 |              |  | •  | <u> </u>                                     | <u>-                                    </u>   |                   |  |
| 1             |  | ·  | A  |                   | ho show      | named com  | pration submits this statement for the   | purpose of                                   | f changing its r   | egistered         |  |
| 11            | Pursuant to                                    | the provisions of Sections 607.050   | and 607,1508                                     | honga Statutes, t | rized by     | the corporation  | on's board of directors. I hereby acce   | pt the appo                                  | intment as regi  | Stered            |  |
| \$7           | office or reg                                  | istered agent, or both, in the State   | tions of Section                                 | 607.0505. Florida | Statutes     |  |  |  |  | I                 |  |
| 1             | agent. I am                                    | familiar with, and accept the obliga-  | "IN THE  | ΛĬ                |              |  | oration submits this statement for the<br>on's board of directors, I hereby acce |  |  |                   |  |
|               |  | C 1.11.11.11.  | $\sim$ 1 AU $\sim$                               | / V/ 1            | istered Area | nt signature require   | durban minetation) ( . 1   | DATE   |  |                   |  |
| 3             | S  | Ignature, typed or printed frame of registered ager  | and the if applicable                            |                   | 13.          |  | ADDITIONS/CHANGES TO OF  | FICERS A                                     | ND DIRECTOR  | RS IN 12          |  |
| 12            | <u>.                                      </u> | V OFFICERS AN  | D DIRECTORS                                      | <u></u>           |              |  |  |  | Change   | Addition          |  |
| τπ            |  | PD   | •  | ☐ D <b>M</b> ETE  | 1.1 TITLE    |  | 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |  |  | Ì                 |  |
| 1             | į.   |  |  |                   | 1.2 NAME     | . 1  |  |  |  |                   |  |
| NA            | ME ·   | BAILEY, JAMES C  |  |                   | 1 2 STDEE    | T ADDRESS  | •  |  |  |                   |  |
| STI           | REET ADDRESS                                   | FTADDRESS 39/3 SW DIMINI UIT   |  |                   | ı            | ,  |  |  |  |                   |  |
| l             | Y-ST-ZIP.                                      | PALM CITY FL 34990   |  |                   | 1.4 CITY-5   | ST-ZIP   |  |  | Change   | ☐ Addition        |  |
| _             |  |  |  | ☐ DELETE          | 2.1 TITLE    | . 1  |  |  | _ ;  | _                 |  |
| TIT           | ᄩ  | 0.0  |  |                   | 2.2 NAME     | - 1  |  |  |  |                   |  |
| NA.           | ME   | BAILEY, CAROL A  |  | <b>.</b>          |              | ì  | ·  | •  |  |                   |  |
| l et          | TREET ADDRESS 3975 S.W. BIMIMI CIRCLE          |  | 2.3 STREE  | T ADDRESS         | *            |  |  |  |  |                   |  |
| 1             |  | PALM CITY FL 34990   |  |                   | 2. 4 CITY-   | ST-ZIP   | <u></u>  |  | Change   | Addition          |  |
| CI            | ry-st-ZIP                                      | PALM CITT FL 34890   | F  | DELETE            | 3.1 TITLE    |  |  |  | [] Change  | C1) wania.        |  |
| -             | TLE 19-47                                      | ey arrel c   |  |                   | 3.2 NAME     |  |  |  |  |                   |  |
| l NA          | ME STATE                                       | Sala a Maria di Maria<br>Mala manazaria  |  |                   |              |  |  |  |  | Authoritis (2.5)  |  |
|               |  | Mangral Average  |  |                   | 3.3 STRE     | ET ADDRESS   |  | 3.137  |  | 福福縣               |  |
| 1             | REET ADDRESS                                   | AN CLOTHER CO.   |  | '                 | 3.4. CITY-   | ST-ZIP   | 1 7 (1) 10 (2) 125.  | 410-445-4                                    | 1998 - 5121 - 510 5 5 5110<br>1014 - 1770 - 050 22 22 050  | BUD Addition      |  |
| CI            | TY-ST-ZIP                                      |  |  | DELETE            | 4.1 TITLE    |  | 1. 经总额 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.                                    | Sec. 31 21                                   | to the following the state of | Alden Magnioù     |  |
| TI            | TLE  |  | :  |                   |              | 1  |  |  | •  |                   |  |
| ۱,            | AME .  | eri<br>Ge  |  | 42° 12. 1         | 4. 2 NAM     | = [  |  |  |  |                   |  |
| "             | AME<br>NG REPER                                | <b>(A.W. L</b> . ) - 1 - 1 - 1 - 1 - 1 - 1   | 1.1  |                   | 4.3 STRE     | ET ADDRESS   |  |  |  |                   |  |
| S             | TREET ADDRESS                                  | 班 人名   | 13.00  |                   | 4.4 CITY     | ST-7IP   | •  |  |  |                   |  |
| c             | ITY-ST-ZIP                                     |  | ·  | E) oci ere        | 5.1 TITLE    |  |  |  | ☐ Change   | Addition Addition |  |
|               | ITLE   |  |  | ☐ DELETE          |              | 1  | A Profession States  |  |  |                   |  |
| [ ]           |  |  |  |                   | 5.2 NAM      | = <b>1</b>   | 1021, 270  |  |  |                   |  |
| - 1 "         | AME  | •  |  |                   | 5.3 STRE     | ET ADDRESS   |  |  |  |                   |  |
| S             | TREET ADDRESS                                  | 271.   |  |                   | 5.4 CITY     | .ST. 75P   |  |  |  |                   |  |
| 1             | STY-ST-ZIP                                     |  |  |                   |              |  |  |  | Change   | ☐ Addition        |  |
|               | ITLE   | Educity (Ave. 100)   | •  | ☐ DELETE          | 6.1 TITL     |  |  |  |  |                   |  |
|               |  | 3875 SA 3274 F F   |  |                   | 6.2 NAM      | E }  | •  | •  |  |                   |  |
| ١.            | IAME   | MI THE COLOR   |  |                   | 6.3 STR      | EET ADDRESS  |  |  |  |                   |  |
|               |  | 1 3089 N 2 3 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |  |                   |              |  |  |  |  |                   |  |
| 5             | TREET ADDRESS                                  | 810  |  |                   | •            | -ST-ZIP  |  |  |  |                   |  |

14. Thereby 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 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 of the receiver by 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 or an attachment with an address, with all other like empowered.

SIGNATURE: