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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000095771

1, Corporation Name

FILED Feb 10, 1999 8:00am **Secretary of State**

02-10-1999 90072 028 ***150.00

Principal Place of Business Malling Address 1165 STATE ROAD 206 EAST 1185 STATE ROAD 206 EAST	#2 #1111 # # 11 1	
Principal Place of Business Malling Address		
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ST. AUGUSTINE FL 32086 ST. AUGUSTINE FL 32086		
US DO NOT WRITE IN THIS S	PACE	
3. Date Incorporated or Qualifed		
11/25/1996 2 Mailing Address 4. FEI Number	Ann	olied For
NOT APPLICABLE	J	Applicable
Cuite And History	\$8.75 A	
Suite, Apt. #, etc. 5. Certificate of Status Desired 22	Fee Rec	quired
City & State City & State 6. Election Campaign Financing	\$5.00	May Be
23 Trust Fund Contribution	Added to	Fees
Zip Country Zip Country 8. This corporation owes the current year. Inter	ngible ·	_
24 29 30 10000000000000000000000000000000000		□No
g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	gent	
CDOCRY LADDY E		
CROSBY, LARRY E 1165 STATE ROAD 206 EAST 82 Street Address (P.O. Box Number is Not Acceptable)		
ST. AUGUSTINE FL 32086 83	<u> </u>	(1) 10 A
31. AUGUSTINE PE 32000	Kiri sili	17
84 City	85 Zip C	ode '
• Co. War 207 0500 and 607 1509. Elevida Statutos, the above named corporation submits this statement for the nurpose of cl	hanging its i	registered
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 ct 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 appoint agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	ment as reg	jistered
agent. I am familiar with, and accept the obligations of, Section 607.0005, Fibrida Statutes.	ment as reg	gistered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Fibridal Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE APPLITIONS CHANGES TO DESIGED AND DIRECTORS.		
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND		
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Agent. I am familiar with, and accept the obligations of, Section 607.0905, Fibrilla Statutes. Signature. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND TITLE CROSBY, LARRY E STREET ADDRESS CITY-ST-ZIP TITLE NAME ACCITY-ST-ZIP TITLE NAME ADDITIONS/CHANGES TO OFFICERS AND ADDITIONS/CHANGES TO OFFICERS ADDITIONS/	DIRECTO Change Change	RS IN 12 Addition Addition
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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 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: