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 # P9600095772

19 BISHOP COURT R	DOAD.				
JOHNET PL 34229	WAU	49 BISHOP CO OSPREY FL 342			•
2. Principal Place o	f Business	2a. Mailing Ad	dress		
Suite, Apt. #, etc		Suite, Apt.	#, etc.		
City. & State		City & Stat			
Zip	Country	Zip		Country	
4	25	29	30		
9.	Name and Address of Cu	irrent Registered Agen	1	81	Name

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90065 050 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/22/1996 Applied For 4. FEI Number 65-0711780 Not Applicable \$8.75 Additional 5. Certifcate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 8. This corporation owes the current year Intangible

		Personal Property Tax. ☐ Yes ☐ No	
		10. Name and Address of New Registered Agent	
	81	Name	
	82	Street Address (P.O. Box Number is Not Acceptable)	
	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.

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
Clareture, burged or printed parts of registered great and title if applicable	(NOTE: Rec	nistered Agent stansture rea	uired when reinstating)	DATE	_					
		13.		TO OFFICERS AN	D DIRECTO	RS IN 12				
<u> </u>	ELETE	1.1 TITLE			Change	☐ Addition				
		1.2 NAME								
		1.3 STREET ADDRESS				1				
		1.4 CITY-ST-ZIP			•					
	ELETE	2.1 TITLE			Change	☐ Addition				
- · · ·		2.2 NAME								
		2.3 STREET ADDRESS				Ì				
		2. 4 CITY-ST-ZIP			·					
	ELETE	3.1 TITLE			Change _	Addition				
		3.2 NAME		•		}				
		3.3 STREET ADDRESS				Ì				
		3.4. CITY-ST-ZIP								
	ELETE	4.1 TITLE			Change	Addition				
		4. 2 NAME	•			Į				
		4.3 STREET ADDRESS				1				
		4.4 CITY-ST-ZIP			<u> </u>					
	ELETE	5.1 TITLE			☐ Change	☐ Addition				
		5.2 NAME								
	ı	5.3 STREET ADDRESS		•	,	1				
	9	5.4 CITY-ST-ZIP								
	ELETE	l"			Change	☐ Addition				
		6.2 NAME]				
		6.3 STREET ADDRESS				1				
		6.4 CITY-ST-ZIP	0 " 440 0T(0) " F' 1: 0		416 , the et the - !	formation				
	Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS D BAILEY, ROBIN G 49 BISHOP COURT ROAD OSPREY FL 34229 PVST BAILEY, ROBIN G 49 BISHOP COURT ROAD OSPREY FL 34229 OSPREY FL 34229	Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS D BAILEY, ROBIN G 49 BISHOP COURT ROAD OSPREY FL 34229 PVST	Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS D BAILEY, ROBIN G 49 BISHOP COURT ROAD OSPREY FL 34229 PVST BAILEY, ROBIN G 49 BISHOP COURT ROAD OSPREY FL 34229 DELETE BAILEY, ROBIN G 49 BISHOP COURT ROAD OSPREY FL 34229 DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP DELETE 1.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP DELETE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS DELETE 13. ADDITIONS/CHANGES 13. ADDITIONS/CHANGES DELETE 1.1 ITILE 12 NAME 13 STREET ADDRESS 0 SPREY FL 34229 PVST DELETE 2.1 ITILE 2.2 NAME 49 BISHOP COURT ROAD OSPREY FL 34229 DELETE 2.3 STREET ADDRESS 0.4 CITY-ST-ZIP DELETE 3.1 ITILE 3.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP DELETE DELETE DELETE DELETE DELETE 1.1 ITILE 1.1 ITILE 1.2 NAME 4.2 ITILE 3.3 STREET ADDRESS 4.4 CITY-ST-ZIP DELETE DELETE DELETE 5.1 ITILE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP DELETE 6.1 ITILE 5.2 NAME 5.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.1 ITILE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS D BAILEY, ROBIN G 49 BISHOP COURT ROAD OSPREY FL 34229 PVST BAILEY, ROBIN G 49 BISHOP COURT ROAD OSPREY FL 34229 OSPREY FL 34229 DELETE 1.1 TITLE 1.2 NAME 1.2 NAME 2.3 STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP DELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.3 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 5.2 NAME 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				

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 axian ment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4-10.97

941-918-366 Daytume Phone #