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

Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90104 019 ***150.00

DOCUMENT #	P9600016	02596
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1. Corporation ET-CETR	A & MORE, INC.	102000				
Principal Place	of Deciman	Mailing Address /		1		
		921 NORTH DAVIS STREET	BUSIN FESS	} {		
6256 N ORTH-D JACKSONVILLE		JACKSONVILLE FL 32216	,	DO NOT WRITE IN THIS SPACE		
6256 GLOUCESTERRI			3. Date Incorporated or Qualifed			
mail	ace of Business)				
2. Principal Pl	ace of Business	2a. Mailing Address	~ _ /		plied For	
21 921	NORTH JAVIS ST		LOUCESTER K	(5) 59-3417273 No.	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired Fee Re		
City & State		City & State		6. Election Campaign Financing \$5.00	May Be	
23 (JAX	· FLA ·	28 JAX - 1	LA ·	Trust Fund Contribution Added		
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible		
24 3 2 .	209 25 JUVAL	1-1 200 T	o Duunu		□No	
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered Agent		
DIETEL, MARTIN 6256 NORTH DAVIS STREET JACKSONVILLE FL 32216 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable)						
			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.						
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: F	Registered Agent signature requi			
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO		
TITLE	D	□ DELETE	1.1 TITLE	☐ Change	☐ Addition	
NAME	DIETEL, MARTIN		1.2 NAME			
STREET ADDRESS	6256 GLOUCESTER RD		1.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32216		1.4 CITY-ST-ZIP			
TITLE		□ DELETE	2.1 TITLE	☐ Change	☐ Addition (
NAME		· .	2.2 NAME	المحارب	^ .	
STREET ADDRESS			2.3 STREET ADDRESS	·		
CITY-ST-ZIP			2.4 CITY-ST-ZIP			
111/E		☐ DELETE	3.1 TITLE	· Change	Addition	
NAME			3.2 NAME	•		
STREET ADDRESS			3.3 STREET ADDRESS		1	
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE	☐ Change	☐ Addition (
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS		ļ	
CITY-ST-ZIP			4.4 CITY-ST-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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME,

mre

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP



☐ DELETE

DELETE

e Daytime Ph

☐ Change

☐ Change

Addition

Addition