**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 05, 1999 8:00am

**Secretary of State** 

02-05-1999 90001 003 \*\*\*150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000103314

1. Corporation Name

CHARLES	P RESOLETING				L MARCINES HE CALLS ALLS CAND AS		
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Principal Place	of Business	Mailing Address			1 (40)(08) (18 10)(0 0)(1 00)(1 00)	fil mbimi limit marka titas ittai	
		1006 DELNOVA LANE					
1006 DELNOVA LANE ORLANDO FL 32818		ORLANDO FL 32818					
·						TE IN THIS SPACE	
					3. Date Incorporated or Qualifed		
					01/01/1997		oplied For
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	<del></del>	ot Applicable
21	· · · · · · · · · · · · · · · · · · ·	26			59-3420397		Additional
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		equired
22		27			- Etadias Compaign Financino		May Be
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution		to Fees
23		Zip	Country	v	8. This corporation owes the curre		-
Ζiρ	Country	<del></del>	30	<i>y</i> .	Personal Property Tax.	Yes	.⊠No
24	25	29 Agent	[30]		10. Name and Address of New R		-
<del></del>	9. Name and Address of Currer	III Registered Agent	81	Name	10.		
KEGG	SLER, CHARLES B	A Contracting				-1.1-3	
05-4006	DELNOVA LANE		82	2 Street Ad	Idress (P.O. Box Number is Not Accepta	able)	
	ANDO FL 32818		83	3	· · · · · · · · · · · · · · · · · · ·		1100 101 101
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فرا			84	4 City	A SECTION OF THE SECT	FL 85 Zip	Code Code
	•						registered .
<u> </u>	50-10-007.050	22 and 607 4509 Florido Stati	utos the abov	ve-named co	rporation submits this statement for the	purpose of changing its	s registored in
					orporation submits this statement for the ation's board of directors. I hereby accept	purpose of changing its at the appointment as re	egistered
	to the provisions of Sections 607.050 agistered agent, or both, in the State in familiar with, and accept the obliga				orporation submits this statement for the ation's board of directors. I hereby accept	purpose of changing its pt the appointment as re	egistered
office or re vagent. Las	egistered agent, or both, in the State m familiar with, and accept the obliga	ations of, Section 607.0505, F	lorida Statute	s.		purpose of changing its pt the appointment as re	egistered
→agent. I as	egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered age	ations of, Section 607.0505, F	lorida Statute	s.	uired when reinstating)	DATE	
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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.

6.4 CITY-ST-ZIP