FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Jun 01, 1999 8:00 am

ANNL	NNUAL REPORT 1999 DIVISION OF COR		of State	ONS	Secretary of State 06-01-1999 90035 011 ***150.00				
1. Corporation	n Name	6000 10 409 DEST COAS	*						
Principal Place	e of Business	~	Address						
572 S	otherland Bayou	: PO.BO	ox 666						
	rbor, Fl.		DO NOT WRITE IN THIS SPACE						
34,683						3. Date Incorporated or Qualified 12/20/96			
	ace of Business		iling Address	11		4. FEI Number 59 - 3415 238	<u> </u>	Applied For Not Applicable	
21 572 Suther land Bayou 26 P.O. BOX 666 Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	\$8.7	5 Additional	
27						6. Election Campaign Financing \$5.00 May Be			
23 PalM-	HARBOR , F	- L , 28 O	ZONA,	Country	<u> </u>		Adde	ed to Fees	
^{ZIP} 24 3468	3 25 US	A 29 3	46/00 30	,	SA	This corporation owes the current Personal Property Tax.	year Intangible Yes	× No	
	9. Name and Addre	ss of Current Registere	d Agent			10. Name and Address of New Reg	istered Agent		
Τ.,		Mica Sc		81	Name				
James H. Collier Sr. 7421 Bent Oak Dr. Port Richey, FL. 34668				82	Street Ac	t Address (P.O. Box Number is Not Acceptable)			
				84	,		- FL _	ip Code	
office or re	egistered agent, or both	, in the State of Florida. S	luch change was auth	orized by	the corpora	orporation submits this statement for the pur ation's board of directors. I hereby accept the	pose of changing e appointment as	its registered registered	
	m familiar with, and acco	ept the obligations of, Sec	ction 607.0505, Florida	a Statutes	•				
SIGNATURE	Signature, typed or printed name	of registered agent and title if app	icable (NOTE: Re		t signature requ	ured when reinstating)	DATE		
12.		FFICERS AND DIRECTO		13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	President Christine F	ident DELETE DELETE		1.1 TITLE			☐ Chang	je Addition	
NAME	P.O. Box 66	10		1.2 NAME	ADDRESS			•	
STREET ADDRESS	OZONA, FL			H	i			1	
CITY-ST-ZIP TITLE	020,077,10	, 5 1000	DELETE	14 CITY-S	1-21		☐ Chang	ge	
NAME				2.2 NAME	1				
STREET ADDRESS				2.3 STREET	ADDRESS				
CITY-ST-ZIP				2, 4 CITY-S	_ [
_TITLE			DELETE	3.1 TITLE			Chan	ge 🔲 Addition	
NAME	- - - -	-		32 NAME	1				
STREET ADDRESS				3.3 STREET	ADDRESS			i	
CITY-ST-ZIP				3.4. CITY-S	T-ZIP				
TITLE			DELETE	4.1 TITLE			Chang	ge Addition	
NAME				4.2 NAME	ì				
STREET ADDRESS				4.3 STREET	ADDRESS			}	
CITY-ST-ZIP			DELETE	4.4 CITY-ST	r-zip		□ Ch	ge Addition	
TMLE			☐ DELETE	5.1 TITLE 5.2 NAME			☐ Chang	,c Addition	
NAME			;	5.3 STREET	ADDRESS				
STREET ADDRESS				5.4 CITY- ST	1				
CITY-ST-ZIP TITLE		<u> </u>	DELETE	6.1 TITLE			☐ Chang	ge	

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.

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS