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				FLORIDA DEPARTMENT OF STATE Katherine Harris		May 08, 19 Secretary	99 8:UI	J am
ANNU	JAL REPORT		Secretary	of State		Secretary	of Stat	te
	1999	99 Division of corporation		NS	05-08-1999 90039 021 ***150.00			
Corporation	MENT # PS	6000104	196					
Principal Place of Business Mailing Address								
205 RAILROAD AVE. TUART FL 34997			1205 RAILROAD AVE. STUART FL 34997		DO NOT WRITE IN	THIS SPACE		
						3. Date Incorporated or Qualifed 12/23/1996		
Principal Pl	lace of Business	2a. N	Address			4. FEI Number	Apr	lied For
•		26				65-07 14 192		Applicable
Suite, Apt. ;	#, etc.	<u> </u>	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A Fee Rea	
City & State			City & State			6. Election Campaign Financing	\$5.00	<u> </u>
		28				Trust Fund Contribution	Added to	Fees
Zip	Countr	y 29	(ip G	Country 30		 This corporation owes the current year Personal Property Tax. 		⊡No
	9. Name and Addre	ess of Current Registe				10. Name and Address of New Register	ared Agent	
				81	Name			
	ies, Joseph e Jr. 5 Railroad ave.			82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
	ART FL 34997			83				
010								
				84	City			,oue
. Pursuant	to the amujaiane of See							
office or re agent. I ar	egistered agent, or both im familiar with, and acc	ept the obligations of S	ection 607.0505, Flori	da Statutes.	te corporatio	oration submits this statement for the purpoon n's board of directors. I hereby accept the a	se of changing its appointment as reg	registered gistered
office or re agent. I ar	egistered agent, or both m familiar with, and acc Signature, typed or printed name	i in the State of Florida	Dection 607.0505, Flori	da Statutes.	te corporatio	eration submits this statement for the purpor	se of changing its appointment as reg	
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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 officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.	f made under oath; that I am an ; and that my name appears in
SIGNATURE: JORON E DO MAINTED NAME OF SIGNING OFFICER OR DIRECTOR	S61-265-2750 Daytime Phone #