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**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # POGOCO104308

## **FILED** Feb 01, 1999 8:00am **Secretary of State**

02-01-1999 90029 021 \*\*\*150.00

JUDY'S	GRANDVIEW GARDENS, IN						- T. M.			416.71						
Principal Place	e of Business	. Ma	iling Address	•			_		OULU OBIUT DAI			{	1011 160T	:		
P.O. BOX 1143 P.O. BOX 11			BOX 1143	1143												
.c. con Title			ZELLWOOD FL 32798					DO NOT WRITE IN THIS SPACE								
	•						H	3. Date Incorporated or		E IN THIS						
	•	•			•		'	01/01/1997	Qualifed	i Larib			•			
	lose of Purinees	- 1 2a	Mailing Address					1. FEI Number	•	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Applied	l For	,.		
2. Principal Place of Business		· —	26					59-3422538				Not Applicable				
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2		27					'	5. Certifcate of Status	Desired	HIM	Fee	Require	ed			
City & Stat	e		City & State .				10	5. Election Campaign F	inancing		\$5.	<b>0</b> May	Be			
3		28		. ==				Trust Fund Contribu			Add	ed to Fe	es			
Zip	Country	$\vdash$	Zip	r~~	untry		1	<ol><li>This corporation own</li></ol>		nt year Inta	ngible					
4	25	29		30	7			Personal Property T			⊠ Yes	, · ⊔N	10	•		
	9. Name and Address of Currer				81	Name	1	0. Name and Address	or New R	egisterea A	igentii 					
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11 Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 60	7.1508, Florida Statu	tes, the a	above-	-named cor	rporati	on submits this statem	ent for the	ourpose of	hanging	its regis	stered			
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florid	a. Such change was a	uthorize	d by t	he corporat	tion's	board of directors. I he	reby accep	t the appoin	tment as	registe	red			
			Section 607 0505. Flo	rida Stat	tutes.					167	11 4 4 4	1 .				
		auoris oi,	Section 607.0505, Fig	orida Stat	tutes.					-66)  ∰		•				
SIGNATURE	Signature, typed or printed name of registered ages	ent and title if	applicable. (NOTI	: Registered	d Agent			n reinstating) \$		DATE				(8)		
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN	ent and title if	applicable. (NOTI	: Registered	d Agent			n reinstating): ****/: ADDITIONS/CHANG		DATE		TORS I		1/08)		
SIGNATURE 12.	Signature, typed or printed name of registered age OFFICERS AN	ent and title if	applicable. (NOTI	Registered	d Agent			n reinstating) \$		DATE		TORS I	IN 12	4 (41/98)		
SIGNATURE 122 TITLE NAME	Signature, typed or printed name of registered age OFFICERS AND STRANGER-THORSEN, JUDY	ent and title if	applicable. (NOTI	: Registered 13. 1.1 Ti	d Agent	signature requir		n reinstating): ****/: ADDITIONS/CHANG		DATE		TORS I		034 (41/98)		
SIGNATURE 12. TITLE VAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AND STRANGER-THORSEN, JUDY P.O. BOX 446 N/A	ent and title if	applicable. (NOTI	: Registered 13. 1.1 Ti 1.2 N 1.3 S	d Agent TILE IAME	signature requir		n reinstating): ****/: ADDITIONS/CHANG		DATE		TORS I		22E034 (41/98)		
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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.

SIGNATURE: