**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P9700000966

1. Corporation Name

## May 04, 1999 8:00 am Secretary of State

05-04-1999 90198 031 \*\*\*150.00

	S, INC.											
Principal Place	e of Business	Mailing	Address	_		·		(	itt BBitt BBitt BBi	ic Brisi Brisi i	8118 B111	18 8111 1881
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								3. Date Incorporated or Qual	itea			i
		0- 14-11	: A dd					12/30/1996 4. FEI Number			Annlia	
<u> </u>	lace of Business	<b>⊢</b>	ing Address							<del>     </del>		ed For applicable
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Suite, Apt. :	#, etc.	27	e, Apr. #, otc.					5. Certifcate of Status Desire	d 🗌		Regu	
City & State	8		& State					6. Election Campaign Finance	ina	\$5.0	)0 Ma	av Be
23		28						Trust Fund Contribution	g	•	ed to F	- 1
Zip	Country	Zip		Cou	ntry			8. This corporation owes the	current vear	ntangible		
24	25	29		30				Personal Property Tax.		Yes		]No
	9. Name and Address of Curre		l Agent	(			1	10. Name and Address of N	ew Registere	d Agent		
					81	Name						
BRO!	WER, BENJAMIN D				82	C4	A el el = = = =	(P.O. Box Number is Not Acc	ontoblo\			
1740	3 FRONT BEACH RD					Street	Address	(P.O. BOX NUMBER IS NOT ACC	ергавіе)			1
PAN	AMA CITY BEACH FL 32413				83							
										les 7	in Co.	
					84	City			F	L  85  Z	ip Coo	oe
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the obligi	e of Florida. Su	uch change was a	iuthorized	i by i	the corpo	oration's	board of directors. I hereby a	ccept the app	ointment as	regis	tered
•	in laminar with, and accept the obligi	ations of, Sect	lion 607.0505, Flo	onda Statu	Jtes.							
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applic	able. (NOTE	rida Statu Registered	Jtes.			en reinstating)	DATE	AND DIREC	`T^B	- IN 12
SIGNATURE	Signature, typed or printed name of registered age OFFICERS Al	ent and title if applic	able (NOTE	Registered	Agent							
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SIGNATURE  12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AI P BROWER, BENJAMIN D	ent and title if applic	able (NOTE	Registered 13. 1.1 TIT	Agent	t signature re		en reinstating)				
SIGNATURE  12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AI P BROWER, BENJAMIN D 17403 FRONT BEACH RD	ent and title if applic	able (NOTE	E: Registered 13. 1.1 TIT 1.2 NA 1.3 ST	Agent TLE AME REET	t signature re		en reinstating)				
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AI P BROWER, BENJAMIN D 17403 FRONT BEACH RD PANAMA CITY BEACH FL 324	ent and title if applic	ion 607.0505, Fic	E: Registered	Agent TLE AME TREET TY-ST	t signature re		en reinstating)		☐ Chan	ge	Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP  TITLE	Signature, typed or printed name of registered age OFFICERS AI P BROWER, BENJAMIN D 17403 FRONT BEACH RD PANAMA CITY BEACH FL 324	ent and title if applic	able (NOTE	13. 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT 2.1 TIT	Agent TLE AME REET TY-ST	t signature re		en reinstating)			ge	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850) 230 0100