## **4-FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700003582

1. Corporation Name

## Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90022 048 \*\*\*150.00

802 W BRIDGE		Mailing Address PO BOX 8648							
AUBURNDALE FL 33823 COCOA FL 32924						DO NOT WRI	TE IN THIS :	SPACE	
						3. Date Incorporated or Qualifed 01/14/1997	<u> </u>		
_2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		A	pplied For
21		26				59-3420092	<b></b>	N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		•		5 Certificate of Status Desired		•	Additional
22		27				3. Corandato o o o o o o o o o o o o o o o o o o		Fee R	tequired
City & Stat	e .	City & State				6. Election Campaign Financing	П		May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Count	ry		8. This corporation owes the curr	rent year Inta		MNo
24	25		30			Personal Property Tax.  10. Name and Address of New I	Pagietored A	Yes	AINO
	9. Name and Address of Curren	t Kegisterea Agent	8	1 Nar	me	TO. Mame and Address of New I	rafiorai ari i	Agur	
NΔT	IONSCORP REGISTERED AGENT	rs. Inc.	ľ	Ival					
526 E PARK AVE, SUITE 200		· - , · · · · ·	8	2 Stre	et Addre	ss (P.O. Box Number is Not Accept	able)		}
	LAHASSEE FL 32301		8	3					<del> </del>
	- <del></del>		ľ						
	·		8	4 City	1		FL	85 Zip	Code
office or r	to the provisions of Sections 607.050; egistered agent, or both, in the State in familiar with, and accept the obligat	of Florida. Such change was au	thonzed b	iv the ci	orporation	's board of directors. I hereby acce	pt the appoir	itment as r	egistered
	Direction of a section of a sec	that we will be a privately that the state of the state o	Perietered A	ent eignet	ure required	when reinetation)	DATE		<del></del>
12	Signature, typed or printed name of registered agen			ent signat	ure required	when reinstating)  ADDITIONS/CHANGES TO OF	DATE FICERS AN	D DIRECT	ORS IN 12
12.	OFFICERS AN	nt and title if applicable. (NOTE:  D DIRECTORS  DELETE	Registered A		ure required	when reinstating) ADDITIONS/CHANGES TO OF		D DIRECT	
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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 of 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 changes to propose a statistic ment with an address, with all other like empowered.

SIGNATURE: A

DORE AND TYPED OR PRINTED NAME OF SIGN