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

PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # P9700004566

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 22, 1999 8:00 am Secretary of State 04-22-1999 90120 044 ***150.00

= :max.

 Corporation 	GROUP INC.						
Principal Place of Business Mailing Address							
5501 CORINNA ST 5501 CORINNA ST							
PENSAÇOLA FL	. 32507	PENSACOLA FL 32507	SACOLA FL 32507		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 01/10/1997		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		plied For
21	26				-APPLIED FOR JG - 35275		t Applicable
Suite, Apt. #, etc. Suite, Apt		Suite, Apt. #, etc.	Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	I
27		27			Fee Required		
City & State		City & State		6. Election Campaign Financing \$5.00 May Be			
		28		Trust Fund Contribution	Added to	o Fees	
Zip			Country 30		8. This corporation owes the current year in		☑ No
24			0[Personal Property Tax.			E INO
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registered	VAcur	
WALLER, GEORGE E				Maille			
5501 CORINNA ST			82	Street Addre	ess (P.O. Box Number is Not Acceptable))
PENSACOLA FL 32507				 			
i Liv	0A00EA 1 E 0E001		83			•	Ì
	,		84	City	FL	85 Zip C	Code
agent. I a	m familiar with, and accept the obligation is supported to the state of registered agent	and title if applicable. (NOTE: Re	a Statutes	nt signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	_ _	
12.	OFFICERS AND DIRECTORS DELETE		1,1 TITLE		ADDITIONA OF A TITLE O	Change	Addition
TITLE	WALLER, GEORGE E				,		_
NAME	TEAL COMMINIA OF		1.2 NAME	* + 00000000	·		}
STREET ADDRESS	DENICACOLA EL COSO?			T ADDRESS			
CITY-ST-ZIP	·		1.4 CITY-S 2.1 TITLE	IT-ZIP		Change	Addition
TITLE	<u> </u>		ſ	Ì			<u> </u>
NAME	TEAL COPULITY OF		2.2 NAME	TADORESS	عال المحادث ا		
STREET ADDRESS	PENSACOLA FL 32507		2.4 CITY-				
CITY-ST-ZIP	DELETE		3.1 TITLE	31-21		Change	Addition
TITLE			3.2 NAME	.			_
NAME				T ADDRESS (]
STREET ADDRESS			3.4. CITY-	1			.
TITLE		DELETE	4.1 TITLE	\$1- <u>21</u> F		Change	☐ Addition
NAME		—-	4. 2 NAME	}		-	}
STREET ADDRESS				T ADDRESS			ŀ
	1		4.4 CITY-5				
CITY-ST-ZIP TITLE			5.1 TITLE			Change	Addition
NAME		_	5.2 NAME	Ì			
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-5	į.			
	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	☐ DELETE	6.1 TITLE			Change	Addition
NAME (2012 is \$ 13		6.2 NAME	-			}
STREET ADDRESS	स्मे एक्स्प्राप्त १		6.3 STREE	T ADDRESS			\
ONT OF THE	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		6.4 CITY-5	ST-ZIP			

14. 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 suppliemental 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: