CR2E034 (11/98)

Amended # 61,25

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris	FILED
ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS	99 JUN -3 MM 9: 27
DOCUMENT # P970000 4142 1. Corporation Name	SECALAMAS COR STATE TALLAMAS COR, FLORIDA
2001 Marketine in (
Principal Place of Business 5770 Koosavelthor Suite 610	
Charavater F/ 33760	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 1-13-1991
2. Principal Placy of Business 22a. Mailing Address 21 5110 / 605EVEIT BUD 560 26 Suite, Apt. #, etc. Suite, Apt. #, etc.	4. FEI Number Applied For Not Applicable \$8.75 Additional
22 2 27 City & State City & State	5. Certificate of Status Desired Fee Required 6. Election Campaign Engaging 5. On March Policy 5. On March Policy 6. Election Campaign Engaging 6. Election Campaign Engagement 6. Election
23 CIPACUA IEIC + GRIDA 28 ZIP ZIP Country 24 29 30 30	Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible
9. Name and Address of Current Registered Agent	Personal Property Tax. [] Yes [] No 10. Name and Address of New Registered Agent PRIMONA KAHAE
	ress 0.0 Box Number is Not Acceptable)
5770 Roosevelt Blo 5610 82 Street Addr 5710 Roosevelt Blo 5610 83 CHANWATER Fl 33760 84 City for	OUIATER FL 85 33 760
11. Pursuant to the provisions of Sections 607,9502 and 607,1508, Florida Statutes, the above-named corp office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation agent. I am familiar with, and according to obligations of, Section 607,0505, Florida Statutes	4*V / /==/
SIGNATURE Stratus Symptom of profiled name of registered agent and little if applicable (NOTE Registered Agent segnature require	·
12. OFFICERS AND DIRECTORS 13. TITLE RESOLUTION A RATE LIDELETE 11 TITLE NAME STATE STATE 12 NAME 12 NAME 12 NAME 12 NAME 12 NAME 13 NAME 14 NAME 14 NAME 14 NAME 15	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change [] Addition
STREET ADDRESS CITY-ST-ZIP CLENCUMTER FLORIGH 33160 13 STREET ADDRESS 14 CITY-ST-ZIP	El Addition
TITLE DRECTOR WILLIAM THOSE DELETE 21 TITLE NAME \$170 KOOSEVELT DWD 5610 22 NAME 23 STREET ADDRESS 23 STREET ADDRESS	☐Change ☐Addition ☐ADODO2804644——4
CITY.ST-ZIP TITLE HANDONETO 2 4 CITY-ST-ZIP 31 TITLE	-06/15/9901031002
NAME STREET ADDRESS CITY-ST-ZIP CHARWATER F 33160 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 37 160	
TITLE [.] DELETE 41 TITLE NAME 4 2 NAME	[]Change []Addition
STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP	[Change
TITLE [] DELETE 511ITLE NAME 52 NAME STREET ADDRESS 53 STREET ADDRESS	[Change E.J. Audoton
54 CITY-ST-ZIP	[]Change []Addition
STREET ADDRESS 63 STREET ADDRESS CMY-St-ZIP 64 CHY-S1-ZIP	
14. I hereby certify that the information specified with this filing does not qualify for the exemption stated in Sindicated on this annual report or supplemental annual report is true and accurate and that my signature officer or director of the corporation of the techiver or trusted empowered to execute this report as required Block 12 or Block 13 if changed, or on an attentionent sign an address, with all other keep glowered.	Section 119.07(3)(i), Flonda Statutes further certify that the information e shall have the same legal effect as if made under oath, that I am an irred by Chapter 607, Florida Statules; and that my name appears in
SIGNATURE: Stantamon KAGELF	ACMUNA 6-1-99 1215369161