Applied For

Eee Required \$5.00 May Be

Added to Fees

352-686-1788

Not Applicable \$8.75 Additional

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

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90060 036 ***150.00

 , .	ace of Business	2a. Mailing Address	
─ 7		2a. Mailing Address 26 Suite, Apt. #, etc.	
Suite, Apt. #		Suite, Apt. #, etc.	
Suite, Apt. #	¥, etc.	26	
Suite, Apt. # 22 City & State	¥, etc.	26 Suite, Apt. #, etc. 27 City & State	4
21 Suite, Apt. #	¥, etc.	26 Suite, Apt. #, etc.	Country

	,	

DO	NOT	WRITE	iN	THIS	SPACE

 \Box .

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing Trust Fund Contribution

Personal Property Tax.

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Schonborn

03/11/1997 4. FEI Number

59-3430442

5388 SPRING HILL DR			Stre	er Address (۲.۵. د ۱۵7 ۲۲		nado	Dr.	
SPRI	NG HILL FL 34606	83						
		84	City				85 Zi	n Code
			'	Spring	Hill		·L ° ′ 3	14609
11. Pursuant	to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the	above	e-nam	ed comoration sup	mits this statement	for the purpose	of changing	its registered
office or no agent. I ar	egistered agent, or both, in the State of Florida. Such change was authori m familiar with, and accept the obligations of, Section 607.0505, Fjørida S	zeo by tatutes	ine ci	orporation's board of	or directors. Thereby	accept tile ap		e distored
SIGNATURE	m familiar with, and accept the obligations of, Section 607.0505, Fjorida S	سمر		artal	X Kerl	-x 4	15199	·
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regist		t signat	ure required when reinstate		DATE	/ /	
12.		3.		ADDI	TIONS/CHANGES	TO OFFICERS	AND DIREC	
TITLE		1 TITLE						e [_] Addition
NAME	CONCRECIAL, MARIENTA	2 NAME						Ì
STREET ADDRESS	12745 CORONADO DR	3 STREE	F ADDRE	ESS				,
CITY-ST-ZIP		4 CITY-S	T-ZIP					
TITLE	STD DELETE 2	1 TITLE					Chang	e [] Addition
NAME	SCHONBORN, JOAN M	2 NAME						
STREET ADDRESS	12745 CORONADO DR	3 STREE	FADDRE	ESS				į
CITY-ST-ZIP	SPRING HILL FL 34609	4 CITY-S	ST-ZIP				·	
TITLE		1 TITLE					Chang	e Addition
NAME		2 NAME						
STREET ADDRESS		3 STREE	T ADDRE	ESS				
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TITLE	☐ DELETE 4	1 TITLE				•	Chang	e 🗌 Addition
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TITLE	DELETE 6	1 TITLE			•		Chang	e 🔲 Addition
NAME	6	2 NAME						ł
STREET ADDRESS		3 STREE	TADORE	ess .				ĺ
CITY-ST-ZIP	■ -	4 CITY-S						
14. I hereby o	certify that the information supplied with this filing does not qualify for the	exempt	ion sta	ated in Section 119	0.07(3)(i), Florida Sta	atutes. I further	certify that the	e information at I am an
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	r like e	mpow	ered.				_