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 # DOZOO

i. Colpoiat	FINANCIAL SERVICES, INC.				1 188 (188) 118 (181) (180) 1 80) (180) 1 80) (180)	: 5011 ÷ 11001 12:11 4011	18 6 114 8 8111 1861
Principal Pla	ace of Business	Mailing Address				1 BECKEN 11001 101(1 DEC	IN BUSIN RIVE IRES
1851 MAYTON	·	1851 MAYTOWN ROAD OAK HILL FL 32759					
		ONE THE TE DE 130			DO NOT WRITE IN	THIS SPACE	
					3. Date Incorporated or Qualifed 03/27/1997		
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number		pplied For
21		26			59-3435600	⊢ -	lot Applicable
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional
22	-4-	27			5. Certificate of Status Desired	Fee R	Required
City & Sta	ate	City & State			-6:-Election-Campaign-Financing Trust Fund Contribution		Māy Be to Fees
Zip	Country	Zip	Cour	ntry	8. This corporation owes the current ye		,
24	25	29	30		Personal Property Tax.	Ö /es	□No
	9. Name and Address of Currer	nt Registered Agent		81 Name	10. Name and Address of New Regist	ered Agent	
AMI	ERILAWYER CHARTERED			81 Name			1
	ALMERIA AVENUE			82 Street A	ddress (P.O. Box Number is Not Acceptable)	 ,	
COI	RAL GABLES FL 33134		-	83	the second secon	A	***********
				03		第四点点数	
			Ī	84 City		85 Zip	Codé
11. Pursuan	t to the provisions of Sections 607 050	2 and 607 1508 Florida Sta	tutes the ah	ove-named c	proporation automite this statement for the	FL S Z P	
office or	registered agent, or both, in the State	of Florida. Such change was	authorized	by the corpor	ation's board of directors. I hereby accept the	appointment as re	egistered
	tarrina trial, and adoubt the obliga	of Florida. Such change was ations of, Section 607.0505, F	authorized lorida Statul	by the corporates.	orporation submits this statement for the purporation's board of directors. I hereby accept the a	appointment as re	egistered
office or agent. I a SIGNATURE	tarrina trial, and adoubt the obliga	mons of, occion our tosos, i	ionda Statu	165.			egistered
	Signature, typed or printed name of registered ager OFFICERS AN	mons of, occion our tosos, i	ionda Statui	165.	uired when reinstating) DA	re .	
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NO	TE: Registered A	gent signature req	uired when reinstating) ADDITIONS/CHANGES TO OFFICER	re .	
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN PSTD GRASSO, EVE	nt and title if applicable. (NO	TE: Registered A	gent signature req	uired when reinstating) DA	TE S AND DIRECTO	DRS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered ager OFFICERS AN PSTD GRASSO, EVE 1851 MAYTOWN ROAD	nt and title if applicable. (NO	DTE: Registered A 13. 1.1 TITL 1.2 NAM	gent signature req	uired when reinstating) ADDITIONS/CHANGES TO OFFICER	TE S AND DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN PSTD GRASSO, EVE 1851 MAYTOWN ROAD OAK HILL FL 32759	nt and title if applicable. (NC ID DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STRI	igent signature req	uired when reinstating) ADDITIONS/CHANGES TO OFFICER	TE S AND DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE	Signature, typed or printed name of registered ager OFFICERS AN PSTD GRASSO, EVE 1851 MAYTOWN ROAD OAK HILL FL 32759 VP	nt and title if applicable. (NO	13. 1.1 TITL 1.2 NAM 1.3 STRI	egent signature required to the signature re	uired when reinstating) ADDITIONS/CHANGES TO OFFICER	TE S AND DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME	Signature, typed or printed name of registered ager OFFICERS AN PSTD GRASSO, EVE 1851 MAYTOWN ROAD OAK HILL FL 32759 VP GRASSO, VINCENT C	nt and title if applicable. (NC ID DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY	ess. E E E E E E E F S S S S S S S S S S S S	uired when reinstating) ADDITIONS/CHANGES TO OFFICER	rs AND DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN PSTD GRASSO, EVE 1851 MAYTOWN ROAD OAK HILL FL 32759 VP GRASSO, VINCENT C 1851 MAYTOWN RD	nt and title if applicable. (NC ID DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM	ess. E E E E E E E F S S S S S S S S S S S S	uired when reinstating) ADDITIONS/CHANGES TO OFFICER	rs AND DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP	Signature, typed or printed name of registered ager OFFICERS AN PSTD GRASSO, EVE 1851 MAYTOWN ROAD OAK HILL FL 32759 VP GRASSO, VINCENT C	nt and title if applicable. (NC ID DIRECTORS DELETE	13. 1.1 ITIL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CITY	ess. gent signature req E E EET ADDRESS '-ST-ZIP E EET ADDRESS '-ST-ZIP	uired when reinstating) ADDITIONS/CHANGES TO OFFICER	rs AND DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered ager OFFICERS AN PSTD GRASSO, EVE 1851 MAYTOWN ROAD OAK HILL FL 32759 VP GRASSO, VINCENT C 1851 MAYTOWN RD	nt and title if applicable. (NC ID DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STRI 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITLE 3.1 TITLE	E E E E E E E E E F ST-ZIP E E E E E E E E E E E T ST-ZIP E E E E E E E E E E E E E	uired when reinstating) ADDITIONS/CHANGES TO OFFICER	rs AND DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered ager OFFICERS AN PSTD GRASSO, EVE 1851 MAYTOWN ROAD OAK HILL FL 32759 VP GRASSO, VINCENT C 1851 MAYTOWN RD OAKHILL FL 32759	nt and title if applicable. (NC ID DIRECTORS DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRI 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITLE 3.2 NAM	E E E E E E E F ST-ZIP E E E E E E E E T ST-ZIP E E E E E E E E E E E E E	uired when reinstating) ADDITIONS/CHANGES TO OFFICER	rE S AND DIRECTO ☐ Change ☐ Change	DRS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN PSTD GRASSO, EVE 1851 MAYTOWN ROAD OAK HILL FL 32759 VP GRASSO, VINCENT C 1851 MAYTOWN RD OAKHILL FL 32759	nt and title if applicable. (NC ID DIRECTORS DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI 3.1 TITLI 3.2 NAM 3.3 STRI	E IE EET ADDRESS -ST-ZIP EET ADDRESS -ST-ZIP EET ADDRESS -ST-ZIP EET ADDRESS	ulted when reinstating) DA' ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO Change Change	DRS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN PSTD GRASSO, EVE 1851 MAYTOWN ROAD OAK HILL FL 32759 VP GRASSO, VINCENT C 1851 MAYTOWN RD OAKHILL FL 32759	nt and title if applicable. (NO ND DIRECTORS DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRI 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY	E EEET ADDRESS '-ST-ZIP E EET ADDRESS '-ST-ZIP E E E-ET ADDRESS '-ST-ZIP E E-ET ADDRESS '-ST-ZIP	ulred when reinstating) ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO Change Change	DRS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered ager OFFICERS AN PSTD GRASSO, EVE 1851 MAYTOWN ROAD OAK HILL FL 32759 VP GRASSO, VINCENT C 1851 MAYTOWN RD OAKHILL FL 32759	nt and title if applicable. (NC ID DIRECTORS DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE	E EET ADDRESS '-ST-ZIP EET ADDRESS '-ST-ZIP E EET ADDRESS '-ST-ZIP E E ET ADDRESS '-ST-ZIP E	ulted when reinstating) DA' ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO Change Change	DRS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Signature, typed or printed name of registered ager OFFICERS AN PSTD GRASSO, EVE 1851 MAYTOWN ROAD OAK HILL FL 32759 VP GRASSO, VINCENT C 1851 MAYTOWN RD OAKHILL FL 32759	nt and title if applicable. (NO ND DIRECTORS DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITLI 3.2 NAM 3.3 STRI 3.4 CITY 4.1 TITLI 4.2 NAM	E IGE EET ADDRESS -ST-ZIP EET ADDRESS /-ST-ZIP E EET ADDRESS /-ST-ZIP E E E E E E E E E E E E E	ulred when reinstating) ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO Change Change	DRS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN PSTD GRASSO, EVE 1851 MAYTOWN ROAD OAK HILL FL 32759 VP GRASSO, VINCENT C 1851 MAYTOWN RD OAKHILL FL 32759	nt and title if applicable. (NO ND DIRECTORS DELETE DELETE	13. 1.1 ITIL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITLI 3.2 NAM 3.3 STRI 4.1 TITLI 4.2 NAM 4.3 STRI 4.3 STRI 4.3 STRI 4.3 STRI 4.3 STRI 5.4 CITY 5.5 STRI 6.5 STRI 6.6 STRI 6.7 STRI	E IGE EET ADDRESS '- ST-ZIP EET ADDRESS '- ST-ZIP E EET ADDRESS '- ST-ZIP E E EET ADDRESS ST-ZIP E E EET ADDRESS	ulred when reinstating) ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO Change	DRS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Signature, typed or printed name of registered ager OFFICERS AN PSTD GRASSO, EVE 1851 MAYTOWN ROAD OAK HILL FL 32759 VP GRASSO, VINCENT C 1851 MAYTOWN RD OAKHILL FL 32759	nt and title if applicable. (NO ND DIRECTORS DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITLI 3.2 NAM 3.3 STRI 4.1 TITLI 4.2 NAM 4.3 STRI 4.4 CITY 4.1 CITY	E IGE IGE IGE IGE IGE IGE IGE I	ulred when reinstating) ADDITIONS/CHANGES TO OFFICER	Change	DRS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN PSTD GRASSO, EVE 1851 MAYTOWN ROAD OAK HILL FL 32759 VP GRASSO, VINCENT C 1851 MAYTOWN RD OAKHILL FL 32759	nt and title if applicable. (NG ND DIRECTORS DELETE DELETE DELETE	13. 1.1 ITIL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITLI 3.2 NAM 3.3 STRI 4.1 TITLI 4.2 NAM 4.3 STRI 4.3 STRI 4.3 STRI 4.3 STRI 4.3 STRI 5.4 CITY 5.5 STRI 6.5 STRI 6.6 STRI 6.7 STRI	E EET ADDRESS ST-ZIP	ulred when reinstating) ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO Change	DRS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered ager OFFICERS AN PSTD GRASSO, EVE 1851 MAYTOWN ROAD OAK HILL FL 32759 VP GRASSO, VINCENT C 1851 MAYTOWN RD OAKHILL FL 32759	nt and title if applicable. (NG ND DIRECTORS DELETE DELETE DELETE	13. 1.1 ITIL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITLI 3.2 NAM 3.3 STRI 4.1 TITLI 4.2 NAM 4.3 STRI 4.4 CITY 5.1 TITLI 5.2 NAME 5.2 NAME 5.2 NAME 5.3 NAME	E EET ADDRESS ST-ZIP	ulred when reinstating) ADDITIONS/CHANGES TO OFFICER	Change	DRS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME	Signature, typed or printed name of registered ager OFFICERS AN PSTD GRASSO, EVE 1851 MAYTOWN ROAD OAK HILL FL 32759 VP GRASSO, VINCENT C 1851 MAYTOWN RD OAKHILL FL 32759	nt and title if applicable. (NG ND DIRECTORS DELETE DELETE DELETE	13. 1.1 ITIL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITLI 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITLI 3.2 NAM 3.3 STRI 4.1 TITLI 4.2 NAM 4.3 STRI 4.4 CITY 5.1 TITLI 5.2 NAME 5.2 NAME 5.2 NAME 5.3 NAME	E HE	ulred when reinstating) ADDITIONS/CHANGES TO OFFICER	Change	DRS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN PSTD GRASSO, EVE 1851 MAYTOWN ROAD OAK HILL FL 32759 VP GRASSO, VINCENT C 1851 MAYTOWN RD OAKHILL FL 32759	nt and title if applicable. (NG ND DIRECTORS DELETE DELETE DELETE	23 STRE 3.1 STRE 1.2 NAM 1.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAME 5.3 STRE 5.3 STRE	E E EET ADDRESS '-ST-ZIP E EET ADDRESS '-ST-ZIP E E EET ADDRESS '-ST-ZIP E E EET ADDRESS '-ST-ZIP E E EET ADDRESS ST-ZIP E E ESET ADDRESS ST-ZIP	ulred when reinstating) ADDITIONS/CHANGES TO OFFICER	Change	DRS IN 12 Addition Addition

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

01-16-99

FILED

Feb 17, 1999 8:00am

Secretary of State

02-17-1999 90101 002 ***150.00

904-345-2318