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

PROFIT CORPORATION ANNUAL REPORT 1999



DOCUMENT # P9700030399

FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

Apr 29, 1999 8:00 am Secretary of State Katherine Harris Secretary of State 04-29-1999 90069 046 ***150.00

		Mailing Addre 630 S. ORANG SARASOTA FL	E AVE.						
COMPAGOIA. FI	L 34230	OMNAOUTH FL	34430			DO NOT WRIT	E IN THIS	SPACE	
	Ŝ					3. Date incorporated or Qualifed 04/03/1997			
2. Principal	Place of Business	2a. Mailing Ad	ddress			4. FEI Number			Applied For
21		26				65-0829120			Vct Applicable
Suite, Apt	t. #, etc.	Suite, Apt.	. #, etc.			5. Certificate of Status Desired			Additional Required
	ity & State City & S		State			Election Campaign Financing Trust Fund Contribution			May Be
Zip	Country	Zip		Country		8. This corporation owes the curre	nt year Int	angible	
24	25	29		30		Perso al Property Tax.		□Yes	□No
	9. Name and Address of Cur	rent Registered Agen	nt	81	No.	10. Name and Address of New Re	egistered	Agent	
CH	RLESS, JERRY V			81	Name				
630 S. ORANGE AVE.				82	Street Add	dress (P.O. Box Number is Not Acceptate	ole)		
•	RASOTA FL 34236			83					
9 , 1				0.5					
	min.			84	City		FL	85 Zip	Code
agent. I	am familiar with, and accept the obi	ligations of, Section 60	17.050 5, Fl⊳r	ida Statute) ,	tion's board of directors. I hereby accept			
12	Signature, typed or and d name of registered	agent and title if applicable.	(NOT		it signature requi	To whom yourself y	6-99		OF'S IN 12
12.	Signature, typed of d na ne of registered OFFICERS	agent and title if applicable. ANL: DIRECTORS	(NOT E	Registered Agen 13. 1.1 TITLE	Il signature requi	red when reinstating) ADDITI()NS/CHANGES TO OFF			
	Signature, typed of the dan ne of registered OFFICERS D	agent and title if applicable. ANL: DIRECTORS	(NOT E	Registered Agen	it signature requi	To whom yourself y		D DIRECT	
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14. I hereby zertify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental ar nual report is true and accurate and that my signature shall have the same legal effect as if made under coath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 307. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or an antachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99