SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

D07000020022

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT #

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Aug 31, 1999 8:00 am Secretary of State

08-31-1999 90002 022 ***550.00

Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Status Desired \$8.75 Additional Status State Status Desired \$8.75 Additional Status State Status Desired \$5.00 May Added to Fee Required City & State City & State Status Desired \$5.00 May Added to Fee Required Status Desired Status Desired \$5.00 May Added to Fee Required Status Desired Status Desired \$5.00 May Added to Fee Required Status Desired Status Desired Status Desired \$5.00 May Added to Fee Required Status Desired Status Desired Status Desired De		(1001) 001 (1011) 1011 1011 1011 1011 1									
Principal Place of Business 3901 6fth STREET WEST LEHIGH ACRES FL 33971 2. Principal Place of Business 2a. Mailing Address 2. Principal Place of Business 2a. Mailing Address 3. Date Incorporated or Qualified Q4/11/1997 2. Principal Place of Business 2a. Mailing Address 3. Date Incorporated or Qualified Q4/11/1997 3. Date Incorporated or Qualified Q5/13/36/08 3. Date Incorporated or Qualified Q4/11/1997 3. Date Incorporated or Qualified Q5/13/36/08 3. Date Incorporated or Qualified Q6/13/36/08 3. Date Incorporated or Q4/13/36/08 3. Date Incorporated or Q6/13/36/08 3. Date Incorporated or Q4/13/36/08 3. Date Incorporated or Q4/13/36/08 3. Date Incorporated or Q6/13/36/08 3. Date Incorporated or Q6											
LEHIGH ACRES FL 33971 DO NOT WRITTE INTHIS SPACE 3. Date Incorporated or Qualified O4/11/1/1997 4. FEI Number Applied Not Applied Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 27 City & State 10 28 City & State 30 Country Zip Country Zip Country Zip Country Zip Country 30 REFINATION AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134 10. Name and Address of New Registered Agent 11. Pursuant to the provisions of sections 607 0502 and 607 1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register officer or registered lagent or both, in se State of Florida. Such change was authors before corporation's board of directors. I hereby accept the appointment as register officer or registered lagent or both, in se State of Florida. Such change was authors before corporation's board of directors. I hereby accept the appointment as register officer or registered lagent or both, in se State of Florida. Such change was authors before corporation's board of directors. I hereby accept the appointment as register officer or registered lagent or both, and accept the obligations of, section 607 0505, Florida Statutes. SIGNATURE PD Note PD Note PD Note PD Note REYNOLOS, JOHN A 3001 6TH STREET WEST CITYST2IP TITLE DELETE 1.1 TITLE DELETE 1.2 NAME SIGNATURE 2.2 NAME SIGNATURE PD Note REYNOLOS, CAROLYN L 3001 6TH STREET WEST CITYST2IP COUNTS TEVE Change Cha		((01)05(110 13111 13211 13311 13311 13311 13311	}			ailing Address	Maili	5	of Busines	ncipal Place	Pri
2. Principal Place of Business											
2. Principal Place of Business									 	· · ——	-
2. Principal Place of Business						,			•		
Suite, Apt. #, etc. 22 City & State City & State City & State Country St. Certificate of Status Desired Fee Require Fee Require St. Certificate Status Desired Fee Require Fee Require St. Certificate Status Desired Fee Require St. Certificate Status Desired Fee Require St. Certificate Status Desired Statu	oplied For					. Mailing Address	2a. N	iess	ace of Busin	Principal Pla	2.
Suite, Apt. #, etc. 22	ot Applicable	65-0743608 Not a	6!	_			26		٠		21
City & State City & State Street Address Street Address of Current year Name and Address of Current Registered Agent Street Address		LE Contitionto of Statue Decired	5. Ce			Suite, Apt. #, etc.	<u> </u>			Suite, Apt. #	
Zip Country Zip Country Zip Country S. This corporation owes the current year Yes No	May Be	6. Election Campaign Financing \$5.00 N	6. Ele			City & State			r	City & State	22
Zip Country Zip Country Zip Country Signature, typed or printed name of registered Agent Signature, typed or printed name of registered Agent agent signature, typed or printed name of registered Agent agent signature, typed or printed name of registered Agent agen							28		3	-	23
9. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as register agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and bile if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I TITLE PD DELETE 1.1 TITLE PREYNOLDS, JOHN A 12.NAME REYNOLDS, JOHN A 3901 6TH STREET WEST LEHIGH ACRES FL 33971 TITLE SD REYNOLDS, CAROLYN L 3901 6TH STREET WEST LEHIGH ACRES FL 33971 TITLE DELETE 2.1 TITLE 2.2 NAME STREET ADDRESS CITY:ST-ZIP TITLE D' Change] No		 	ry	\neg	Zip	• —		* .	Zip	
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134 B4 City FL 85 Zip Code 11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as register agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I TITLE PD AMME REYNOLDS, JOHN A STREET ADDRESS CITY-ST-ZIP LEHIGH ACRES FL 33971 TITLE SD DELETE 1.3 STREET ADDRESS CITY-ST-ZIP LEHIGH ACRES FL 33971 DELETE 2.1 TITLE DELETE 3.2 STREET ADDRESS CITY-ST-ZIP LEHIGH ACRES FL 33971 TITLE DOLLETE 3.2 STREET ADDRESS CITY-ST-ZIP LEHIGH ACRES FL 33971 TITLE T					301	stered Agent			9. Name		24
343 ALMERIA AVENUE CORAL GABLES FL 33134 84			ne	1 Name					<u> </u>		
CORAL GABLES FL 33134 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as register agent are title if applicable. SIGNATURE SIGNATURE SIGNATURE TITLE PD OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE SD AMPLIANCE STREET ADDRESS CITY-ST-ZIP TITLE SD AMPLIANCE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE SD AMPLIANCE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE AMPLIANCE STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE TD O'GUIN, STEVE D SDELETE 3.1 TITLE ANAME Change Cha		ddress (P.O. Box Number is Not Acceptable)	et Address (P.O.	2 Stree			ERED				
TILE PD DELETE 1.1 TILE PD DELETE 1.2 NAME REYNOLDS, JOHN A STREET ADDRESS CITY-ST-ZIP LEHIGH ACRES FL 33971 TITLE SD REYNOLDS, CAROLYN L STREET WEST CITY-ST-ZIP LEHIGH ACRES FL 33971 TITLE TD O'GUIN, STEVE D 11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as register agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE SIG			_	3	}		34				
11. Pursuant to the provisions of sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as register agent. I am familiar with, and accept the obligations of, section 607,0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	Code	85 Zip Co	<u> </u>	4 City							
agent. I am familiar with, and accept the obligations of, section 607.0905, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and tible if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								-			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	gistered	poration submits this statement for the purpose of changing its regi- ation's board of directors. I hereby accept the appointment as regi-	d corporation subr orporation's board	re-named by the cor es.	s, the abo uthorized rida Statu	07.1508, Florida Statute: ida. Such change was a of, section 607.0505, Flo	tions 607.0502 and 607. h, in the State of Florida cept the obligations of, s	sions of sections 607 gent, or both, in the vith, and accept the	to the provis egistered ag m familiar v	 Pursuant i office or re agent. I at 	11
12. OFFICERS AND DIRECTORS TITLE PD DELETE 1.1 TITLE		DATE	= 							GNATURE	Si
TITLE	DRS IN 12	3/	_	Agent signe					Signature, typed		42
NAME REYNOLDS, JOHN A 1.2 NAME 3901 6TH STREET WEST 1.3 STREET ADDRESS LEHIGH ACRES FL 33971 1.4 CITY-ST-ZIP TITLE SD DELETE 2.1 TITLE Change STREET ADDRESS CITY-ST-ZIP LEHIGH ACRES FL 33971 2.2 NAME STREET ADDRESS CITY-ST-ZIP LEHIGH ACRES FL 33971 2.4 CITY-ST-ZIP LEHIGH ACRES FL 33971 Change Change NAME O'GUIN, STEVE D 3.2 NAME Change Chang	Addition						or locks And direct	OTTIOLI	PD		
STREET ADDRESS 3901 6TH STREET WEST 1.3 STREET ADDRESS LEHIGH ACRES FL 33971 1.4 CITY-ST-ZIP TITLE SD				E	1.2 NAI	L DLLL	N A	DS. JOHN A		!	
CITY-ST-ZIP	ļ ;		ss	ET ADDRESS	1.3 STR					_	
TITLE SD				ST-ZIP	1.4 CIT						
NAME REYNOLDS, CAROLYN L 22 NAME STREET ADDRESS 3901 6TH STREET WEST 23 STREET ADDRESS CITY-ST-ZIP LEHIGH ACRES FL 33971 24 CITY-ST-ZIP TITLE TD DELETE 3.1 TITLE NAME O'GUIN, STEVE D 3.2 NAME	Addition	Change [1	:	2.1 TITE	DELETE	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
CITY-ST-ZIP LEHIGH ACRES FL 33971 2.4 CITY-ST-ZIP TITLE TD DELETE 3.1 TITLE NAME O'GUIN, STEVE D 3.2 NAME	•			É	2.2 NAI		DLYN L	DS, CAROLYN L	REYNOL	AE	NAM
TITLE TD SOLETE 3.1 TITLE Change Change 3.2 NAME			ss	ET ADDRESS	2.3 STR		T WEST	H STREET WEST	3901 6T	EET ADDRESS	STR
NAME O'GUIN, STEVE D 3.2 NAME				ST-ZIP	2.4 CIT		L 33971	ACRES FL 33971	LEHIGH	Y-ST-ZIP	CIT
	Addition	Change		=	3.1 TIT	DELETE				.E	TITL
STREET ADDRESS 3901 6TH STREET WEST 3.3 STREET ADDRESS				E	3.2 NA					AE	NAM
			SS	ET ADDRESS	3.3 STR					EET ADDRESS	STR
CITY-ST-ZIP LEHIGH ACRES FL 33971 3.4 CITY-ST-ZIP					-		L 33971	ACRES FL 33971	LEHIGH	Y-ST-ZIP	СІТ
J 500012	Addition	Change L				DELETE			· -		Ì
NAME 4.2 NAME									!	Æ	NA
STREET ADDRESS 4.3 STREET ADDRESS			SS		1					Į.	l
CITY-ST-ZIP	Addition		_		_						
	Addition	Change L	-		1	☐ DELETE					l
			95					a waren a sa s			l
	l II		~~				(A)	"证明" 光江时	R. Ch	1.50	1
TO BE A TOP OF THE CONTROL OF THE CO	}	Channe	_			Visite Ellipsiere	27 27 4 22 21 21 22	4, 3, 3, 5			-
CITY-ST-ZIP 5.4 CITY-ST-ZIP	Addition										
CITY-ST-ZIP 5.4 CITY-ST-ZIP	Addition	Change				Mary DELEVE	England And Cart Spill 1885	للمنطأ بأدوه المهرية فحن أثؤ			NA.

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 abnual 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 of 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 withtan address.