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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

1999 **DIVISION OF CORPORATIONS** DOCUMENT # **P97000033536**1. Corporation Name

FILED
May 03, 1999 8:00 am
Secretary of State
05-03-1999 90049 001 ***150.00 Secretary of State

Principal Place of Business Mailing Address 4412 EBL PRADO BLVD		INC.								
CAPE CORAL FL 33904 2. Principal Place of Business 2. 2a. Mailing Address 3. Data Incorporated or Qualified Out/08/1997 3. Data Incorporation submits of Status Desired Applied For Residual Out/08/1997 3. Data Incorporation submits of Status Desired \$8.875 Additional For Residual Out/08/1997 3. Data Incorporation submits of Status Desired \$8.00 Applied For Residual Out/08/1997 3. Data Incorporation out/08/1997 3. Data Incorporation submits of Status Desired \$8.00 Applied For Residual Out/08/1997 3. Data Incorporation submits of Status Desired \$8.00 Applied For Trust Fund Contribution \$8.00 Applied	Principal Place	of Business	Mailing Addres	s					risidat terdi. mene	# (11(B B))) (#B)
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9. Name and Address of Current Registered Agent KACHEPAROV, ANATOLI 44142 DEL PRADO BLVD CAPE CORAL FL 33904. 11. Pursuant to the provisions of Sections 807 1506. Florids Statutes, the above-named corporation submits this statement for the purpose of changing list registered Agent and address of Section 807 1506. Florids Statutes, the above-named corporation submits this statement for the purpose of changing list registered agent, or both, in the State of Protifes. Section 607 0505. Florids Statutes. SIGNATURE 11. Pursuant to the provisions of Sections 807 1506. Florids Statutes, the above-named corporation submits this statement for the purpose of changing list registered agent, and accept the obligations of, Section 607 0505. Florids Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND STREET ADDRESS A		Country			Country	,		rrent vear Int		101003
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CITY-ST-ZIP 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	agent. I an SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AN D KACHEPAROV, ANATOLI 4414-2 DEL PRADO BLVD	nt and title if applicable. ID DIRECTORS	OSUS, FIORIGIA (NOTE: RE DELETE DELETE DELETE DELETE	a Statutes 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.74 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S 6.1 TITLE 6.2 NAME	T ADDRESS ST-ZIP	ired when reinstaling)	DATE	Change Change Change	DRS IN 12 Addition Addition Addition Addition

Intereory certify that the information supplied with this simily does not quality for the exemption stated in Section 119.07(3)(f), Fiolida Statutes. Interest 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 chapted, or on an attack method with an address, with all other like empowered.

SIGNATURE: 1