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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Jan 27, 1999 8:00am Secretary of State

01-27-1999 90026 014 ***150.00

DOCUN 1. Corporation	MENT # P97000 0	45100						
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Principal Place	4. 8	Mailing Address	54455					
1250 W. EAU GALLIE BOULEVARD 1250 W. EAU GALLIE BOUL SUITE K SUITE K							•	
MELBOURNE FL 32935 MELBOURNE FL 32935					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualife	∍d .	٠.	
• '		O. At the Address			05/13/1997 4. FEI Number	 	·	lied For
 ' '	lace of Business	2a. Mailing Address			59-3448701			Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.					\$8.75 A	
22	π, οια.	27			5. Certifcate of Status Desired		Fee Rec	
City & State	8	· City & State		- *	6. Election Campaign Financir	ng 🖂	\$5.00	•
23		28			Trust Fund Contribution		Added to	Fees
Zip Country Zip		Country		8. This corporation owes the c	urrent year In		□No	
24	25	<u>::</u>	30		Personal Property Tax. 10. Name and Address of New	w Registered		<u> </u>
	9. Name and Address of Current R	kegistered Agent	81	Name	10. Hattle and Address of He	n regiotorea	7.90	
JON	ES, RICHARD O			0:	(D.O. D. Mussharia Net Acce			
	W. EAU GALLIE BOULEVARD		82	Street Addr	ess (P.O. Box Number is Not Acce	eptable)		e vicente sec
SUIT	TE K		83		1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1		1.34 国际日	4. 微温
MEL	BOURNE FL 32935		84	City	* \$21.73	<u> </u>	85 Zip C	ode
			1 1	<u>-</u>		FL	_ '	
11. Pursuant	to the provisions of Sections 607.0502 a egistered agent, or both, in the State of im familiar with, and accept the obligation	and 607.1508, Florida Statute	es, the above	e-named corp	oration submits this statement for t	he purpose of cent the appo	f changing its i intment as rec	registered iistered
						20b: 2:0 abba		
agent. I a	m familiar with, and accept the obligation	ns of, Section 607.0505, Flor	rida Statutes.	·				
SIGNATURE					** v **	-: 1-A, 1	· · · · · · · · · · · · · · · · · · ·	•
SIGNATURE	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE:	Registered Agent		d when reinstating) (DATE		
SIGNATURE	Signature, typed or printed name of registered agent ar OFFICERS AND	nd title if applicable. (NOTE:			d when reinstating) (DATE		
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent ar OFFICERS AND	nd title if applicable. (NOTE:	Registered Agent		d when reinstating) (DATE	ND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent ar OFFICERS AND D JONES, RICHARD O	nd title if applicable. (NOTE: DIRECTORS	13.	it signature require	d when reinstating) (DATE	ND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent ar OFFICERS AND D JONES, RICHARD O 1250 W. EAU GALLIE BOULEVAR	nd title if applicable. (NOTE: DIRECTORS	13. 1.1 TITLE 1.2 NAME	t signature require	d when reinstating) (DATE	ND DIRECTO	RS IN 12
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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 of supplemental annual report is true and accurate and that my significant the same legal effect as if made under oat in 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 nature appears in Block 12 or Block 13 if changed, or or an attachment with an address, with all other like empowered.

SIGNATURE: ____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-90

407 - 253-3400