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 # P97000045884

1. Corporation Name

Oringinal Plac	ce of Business	Mailing Address						
		-						
915 SW 9TH AVE 915 SW 9TH AVE OCALA FL 34474 OCALA FL 34474								
PO(10) 1 0 0 1 0 0 1 0 0 1 0 0						DO NOT WRITE IN TH	HIS SPACE	
		40.7				3. Date Incorporated or Qualifed	,	
•						05/21/1997	<u> </u>	
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number	 	olied For
21		26				59-3453263		Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A	
22		27					Fee Rec	
City & Stat	te	City & State				6. Election Campaign Financing	\$5.00	
23		28				Trust Fund Contribution	Added to	rees
Zip	Country	Zip	$\overline{}$	ountry		8. This corporation owes the current year		□No
24	25	29	30			Personal Property Tax. 10. Name and Address of New Register		
	9. Name and Address of Cui	rrent Registered Agent		81	Name	10. Name and Address of New Register	eu Agent	
нам	ER, MICHAEL J							
				82	Street Ad	dress (P.O. Box Number is Not Acceptable)		}
915 SW 9TH AVE OCALA FL 34474				83				
OCA	LK 1 L 34474			83				
				84	City	F	85 Zip C	
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida Sta	tutes, the	above	-named co	orporation submits this statement for the purpose	of changing its	registered
office or agent. I a	registered agent, or both in the St am familiar with, and accept the ob	tate of Florida. Such change wa oligations of, Section 607.0505,	s authorize Florida Sta	ed by tatutes.	the corpora	orporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	pointment as reg	gistered
SIGNATURE						DATE	 	
	Signature, typed or printed name of registered				t signature req	uired when reinstating) ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	
12.	Signature, typed or printed name of registered	AND DIRECTORS	13	3.	t signature req	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	
12.	Signature, typic or printed name of registered OFFICERS		13 1.1	TITLE	t signature req	all da te for for ottowing,		RS IN 12
12. TITLE NAME	Signature, typing or printed name of registered OFFICERS P HAMER, MICHAEL	S AND DIRECTORS DELETE	13 1.1 1.21	TITLE NAME		all da te for for ottowing,		RS IN 12
12. TITLE NAME STREET ADDRESS	Signature, typing or printed name of registered OFFICERS P HAMER, MICHAEL 506 S.E. SANCHEZ AVENUE	S AND DIRECTORS DELETE	13 1.1 1.2 1.3:	ITTLE NAME STREET	ADORESS	all da te for for ottowing,		RS IN 12
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P HAMER, MICHAEL 506 S.E. SANCHEZ AVENUE OCALA FL 34471 VS MAYER, DEBRA	S AND DIRECTORS DELETE	13 1.1 1.2 1.3 1.4 2.1 2.2	I. TITLE NAME STREET CITY-ST TITLE NAME	ADORESS ZIP	ADDITIONS/CHANGES TO OFFICERS	☐ Change	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 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 ecciver 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, by on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

REQUIRED

Feb 24, 1999 8:00 am

Secretary of State

02-24-1999 90186 013 ***150.00