AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION **ANNUAL REPORT**

1999

DOCUMENT # POZOCOLARSSZ

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Aug 12, 1999 8:00 am Secretary of State

08-12-1999 90005 036 ***150.00

	on & Rainville, Pa	•	• • • •		•								
Principal Place	e of Business	N	lailing Address				- 1		•		•		
6 D ST St augustine beach fl 32084			6 D ST ST AUGUSTINE BEACH FL 32084					DO NOT WRITE IN THIS SPACE					
							3.	Date Incorporate 05/27/1997	ted or Qualified	l			
2 Principal P	face of Rusiness	1 2	. Mailing Addre	988			4.	FEI Number				Applied F	or
2. Principal Place of Business			26					65-0760453				Not Appli	
Suite, Apt.	#. etc.	20	Suite, Apt. #,	etc.							\$8.7	5 Additio	nai
2		27	,	·		-	. 5.	Certificate of St	atus Desired	لسنا	Fe	e Required	l
City & Stat	9		City & State				6.	Election Campa	ign Financing		\$ 5.	00 May B	Se .
3		28		•				Trust Fund Con	tribution	<u> </u>	Add	ed to Fee	<u> </u>
Zip	Country		Ziρ		Country	, 	8.	This corporation	n owes the cun	rent year	,	r1	
4	25	29			30			Intangible Perso			Yes	U No	
<u>'</u>	9. Name and Address of Cur	rent Regi	stered Agent				10.	Name and Add	iress of New I	Registered /	Agent		
	- A.L A A A A A A A				81	Name	Crai	q S. Thom	ารกท				
HALI	L. CHARLES E JR												
					82	Street /	Address (F	O. Box Number	is Not Accept	abie)			
	LD MISSION AVE.					<u> </u>	Address (F	O. Box Number Street	is Not Accept	abie)			
					82 83	<u> </u>	Address (F	O. Box Number	is Not Accept	abie)			
	LD MISSION AVE.				83		Address (F 6 D	O. Box Number Street	is Not Accept		[85]	Zip Code	
ST A	LD MISSION AVE. LUGUSTINE FL 32084				83 84	City	Address (F	O. Box Number Street Augustine	e Beach	FL		32084	
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6.4 CITY-ST-ZIP 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 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 changed, or on an attachment with an address.

4.4 CITY-ST-ZIP 6.1 TITLE

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.2 NAME

6.1 TITLE

6.2 NAME 8.3 STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE: Craisign WAY 195 REQUIRED

DELETE

DELETE

Craig S. Thomson

Change Addition

Change Addition