FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P97000050966

FILED Apr 29, 1999 8:00 am Secretary of State 04-29-1999 90003 011 ***150.00

cipal Place of NOLAN ST. M BAY FL 329	NE	Mailing Address 1343 NOLAN ST. NE PALM BAY FL 32907		DO NOT WRITE IN TH		
				06/06/1997		
				4. FEI Number	Appl e	
Diag	e of Business	2a. Mailing Address		59-3450005		pplicable
rincipal Flac	ie 01 2000-1	26		- · · · · · · · · · · · · · · · · · · 	\$8.75 Add	
Suite, Art. #,	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Requi	
Juite, Afr. 11,		27		6. Electior Campaign Financing	\$5.00 Na	
City & State		City & State		Trust Fund Contribution	Added to F	ees
,		28	Country	8. This co poration owes the current year	1 stangible	No
Zip	Country	Zip 30	•	Personal Property Tax.	1/103	
	25	[29]L		10. Name and Address of New Register	er Agent	
	9. Name and Address of Curre	ent Kegisteren Agent	81 Name	_		
	NGWELL, DEBRA		82 Street Ad fress (P.O. Box Number is Not Acceptable)			
LETTI	NOIAN ST NE					
1343 NOLAN ST. NE PALM BAY FL 32907			83			
PALM	BATTE SESON		84 City		FL 85 Zip Co	ae
						gistered
agent. ar	n familiar with, and accept the obli	igations of, Section 607.0000, Fit has		DAT	<u>E</u>	
agent. Lar	n familiar with, and accept the obli	agent and title if applicable (NOTE: R	a Statutes. egistered Agent signature required 13.		<u>E</u>	S IN 12
agent. Far	Signature, typed or printed nar is of registered OFFICERS	agent and title if applicable (NOTE: Re	egistered Agent signature requi	DAT	S AND DIRECTOR	S IN 12
agent. ar	Signature, typed or printed narie of registered. DFFICERS D LEFFINGWELL, DEBRA	agent and title if applicable (NOTE: R	egistered Agent signature required 13.	DAT	S AND DIRECTOR	S IN 12
agent. Far agent. Far	Signature, typed or printed name of registered. DFFICERS D LEFFINGWELL, DEBRA 1343 NOLAN ST. NE	agent and title if applicable (NOTE: R	egistered Agent signature required 13. 11 TITLE 12 NAME	DAT	S AND DIRECTOR	S IN 12
agent. ar IGNATUR = 2. ILE AME TREET ADDRE S	Signature, typed or printed narie of registered. DFFICERS D LEFFINGWELL, DEBRA	agent and title if applicable (NOTE: R	egistered Agent signature required. 13. 11 TITLE 12 NAME 1.3 STREET ADDRESS	DAT	S / NO DIRECTOR	S IN 12
agent. aragent. ar	Signature, typed or printed name of registered. DFFICERS D LEFFINGWELL, DEBRA 1343 NOLAN ST. NE	agent indititle if applicable (NOTI : Ri AND DIRECTORS	egistered Agent signature required 13. 11 TITLE 12 NAME 1.3 STREET ADDRESS 14 CITY-ST-ZIP	DAT	S / NO DIRECTOR	S IN 12
agent. Far	Signature, typed or printed nar is of registered DFFICERS D LEFFINGWELL, DEBRA 1343 NOLAN ST. NE PALM BAY FL 32907	agent indititle if applicable (NOTI : Ri AND DIRECTORS	egistered Agent signature required. 13. 11 TITLE 12 NAME 1.3 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS	DAT	S / NO DIRECTOR	S IN 12 Addition
agent, lar agent, lar agent, lar agent, lar agent, lar agent, lar agent	Signature, typed or printed nar is of registered DFFICERS D LEFFINGWELL, DEBRA 1343 NOLAN ST. NE PALM BAY FL 32907	agent indititle if applicable (NOTI : Ri AND DIRECTORS	egistered Agent signature required. 13. 11 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 21 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	DAT	S / NO DIRECTOR	S IN 12 Additi
agent, i ar agent	Signature, typed or printed nar is of registered DFFICERS D LEFFINGWELL, DEBRA 1343 NOLAN ST. NE PALM BAY FL 32907	agent indititle if applicable (NOTI : Ri AND DIRECTORS	agistered Agent signature required 13. 11 TITLE 12 NAME 1.3 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	DAT	S / NO DIRECTOR Change	S IN 12 Additi
agent, i ar agent i agent i ar agent i ar agent i ar agent i ar agent i a	Signature, typed or printed nar is of registered DFFICERS D LEFFINGWELL, DEBRA 1343 NOLAN ST. NE PALM BAY FL 32907	agent ind title if applicable (NOTI : Ri AND DIRECTORS OELETE	agistered Agent signature required 13. 11 TITLE 12 NAME 1.3 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	DAT	S / NO DIRECTOR Change	S IN 12 Additi
AME AME AME TREET ADORE IS TITLE AME TREET ADDRE IS TRE	Signature, typed or printed name of registered of printed name of printed	agent ind title if applicable (NOTI : Ri AND DIRECTORS OELETE	agistered Agent signature required 13. 11 TITLE 12 NAME 1.3 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	DAT	S / NO DIRECTOR Change	S IN 12 Additi
Office of the control	Signature, typed or printed name of registered of printed name of printed	agent ind title if applicable (NOTI : Ri AND DIRECTORS DELETE	egistered Agent signature required 13. 11 TITLE 12 NAME 1.3 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	DAT	S / NO DIRECTOR Change	S IN 12 Addition
Office of the control	Signature, typed or printed name of registered of printed name of printed	agent ind title if applicable (NOTI : Ri AND DIRECTORS OELETE	egistered Agent signature required 13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE	DAT	S / NO DIRECTOR Change	S IN 12 Additi
Office of the control	Signature, typed or printed name of registered of printed name of printed	agent ind title if applicable (NOTI : Ri AND DIRECTORS DELETE	agistered Agent signature required 13. 11 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 21 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME	DAT	S / NO DIRECTOR Change	S IN 12 Addition
Office of the agent, i are agen	Signature, typed or printed name of registered of printed name of printed na	agent ind title if applicable (NOTI : Ri AND DIRECTORS DELETE	egistered Agent signature required 13. 11 TITLE 12 NAME 1.3 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TIYLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	DAT	S / NO DIRECTOR Change Change Change	S IN 12 Addition Addition Addition Addition
GNATURE 2. LE ME REET ADORE SS TY-ST-ZIP TILE AME TREET ADDRE SS TY-ST-ZIP TILE AME TREET ADDRE SS TY-ST-ZIP TILE TREET ADDRE SS TTU-ST-ZIP TILE TREET ADDRE SS	Signature, typed or printed name of registered of printed name of printed na	igations of, Section 607.0505, Titalian agent and tale if applicable (NOTI : Ri ANE DIRECTORS OELETE DELETE DELETE	egistered Agent signature required 13. 11 TITLE 12 NAME 1.3 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	DAT	S / NO DIRECTOR Change	S IN 12 Addition Addition Addition Addition
Office of the control	Signature, typed or printed name of registered of printed name of printed na	agent ind title if applicable (NOTI : Ri AND DIRECTORS DELETE	egistered Agent signature required 13. 11 TITLE 12 NAME 1.3 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TIYLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	DAT	S / NO DIRECTOR Change Change Change	S IN 12 Addition Addition Addition Addition
Office of the control	Signature, typed or printed name of registered of printed name of printed na	igations of, Section 607.0505, Titalian agent and tale if applicable (NOTI : Ri ANE DIRECTORS OELETE DELETE DELETE	egistered Agent signature required 13. 11 TITLE 12 NAME 1.3 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.1 TITLE	DAT	S / NO DIRECTOR Change Change Change	
Office of the control	Signature, typed or printed name of registered of printed name of printed na	igations of, Section 607.0505, Titalian agent and tale if applicable (NOTI : Ri ANE DIRECTORS OELETE DELETE DELETE	egistered Agent signature required 13. 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 41 TITLE 4 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	DAT	S / NO DIRECTOR Change Change Change	S IN 12 Addition Addition Addition Addition Addition
Office of the agent, it are the agent, it are the agent address th	Signature, typed or printed name of registered of printed name of printed na	igations of, Section 607.0505, Remarkable (NOTI : Remarkable (NOTI : Remarkable DELETE) DELETE DELETE DELETE DELETE	egistered Agent signature required 13. 11 TITLE 12 NAME 1.3 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	DAT	S / NO DIRECTOR Change Change Change	S IN 12 Addition Addition Addition Addition Addition
Office of the control	Signature, typed or printed name of registered of printed name of printed na	igations of, Section 607.0505, Titalian agent and tale if applicable (NOTI : Ri ANE DIRECTORS OELETE DELETE DELETE	egistered Agent signature required 13. 11 TITLE 12 NAME 1.3 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 4 2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 6.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 6.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 6.4 CITY-ST-ZIP	DAT	S / NO DIRECTOR Change Change Change	S IN 12 Addition Addition Addition Addition Addition
Office of the control	Signature, typed or printed name of registered of printed name of printed na	igations of, Section 607.0505, Remarkable (NOTI : Remarkable (NOTI : Remarkable DELETE) DELETE DELETE DELETE DELETE	egistered Agent signature required 13. 11 TITLE 12 NAME 1.3 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.1 TITLE	DAT	S / NO DIRECTOR Change Change Change	S IN 12 Addition Addition Addition Addition

al report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am ar trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in twith an address, with all other like empowered. indicated on this annual report or support officer or director of the corporation of Block 2 or Block 13 if changes per or

SIG	NA:	TUI	₹E