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 # P97000051872 1. Corporation Name

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90205 004 ***150.00

Principal Place of Business Mailing Address	Bill Bolet aliat Habi	i a lih t abio isas inas
8546 LEO KIDD AVE. 8546 LEO KIDD AVE.		
PORT RICHEY FL 34668 PORT RICHEY FL 34668		
DO NOT WRITE I	IN THIS SPACE	
3. Date Incorporated or Qualifed 06/10/1997		_
2. Principal Place of Business 2a. Mailing Address 4, FEI Number		Applied For
21 59-3454278		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 5, Certificate of Status Desired		5 Additional
22 27	Fee	Required
City & State City & State 6. Election Campaign Financing		00 May Be
23 Trust Fund Contribution	Add	ed to Fees
Zip Country Zip Country 8. This corporation owes the current	year Intangible	□No
24 25 29 30 Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Regi		
9. Name and Address of Current Registered Agent 10. Name and Address of New Regi	istered Agent	
TORRENCE, ALFRED W JR.		
6645 RIDGE RD. 82 Street Address (P.O. Box Number is Not Acceptable)	9)	
PORT RICHEY FL 34668		
1 OILI 1801E1, 1E 04000		
	gang 85 Z	Zip Code
84 City	Pre-	
And Devented the province of Coations COZ 0502 and COZ 1509. Florido Statutos, the phase pared corporation submits this statement for the pure	rpose of changing	its registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the pur office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE	rpose of changing ne appointment a	g its registered s registered
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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 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, with all other like empowered.

SIGNATURE: