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

PROFIT CORPORATION ÄNNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000053231

1. Corporation Name

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90030 023 ***150.00

E Z WIOI	STUAGE GROUP, INC.										
Principal Place	e of Business	Mailing Address				E IUUfi				#1 01100 11#1 0 14 00	(
3131 NW 13TH		3131 NW 13TH ST., SUITE 3	33								
GAINESVILLE FL 32609 GAINESVILLE FL 32609						DO NOT WRITE IN THIS SP.					
					L					S SPACE	
						3. Date Inco	•	r Qualife	ed		
		1.0				06/16/1					
⊢ ′	ace of Business	2a. Mailing Address			'	4. FEI Numb 59-345 3					plied For
21	4 -1-	Suite, Apt. #, etc.				29"3430)404 .			\$8.75	t Applicable
<u> </u>						5. Certifcate	of Status I	Desired		Fee Re	
22						6. Election C	ampaign F	Einancin		\$5.00	`
23		28					d Contribut		⁹ 🗆	Added t	•
Zip	Country	Zip	Country		- 1	8. This corpo			urrent vear I	ntangible	
24	25 29 30			Personal Property Tax.						☐Yes	□No
	9. Name and Address of Curren				1	0. Name an	d Address	of Nev	Registere	d Agent	
		——————————————————————————————————————	81	Name							
	DY, DUDLEY P		82	Street	Address	(P.O. Box No	ımber is N	lot Acce	otable)		
	n. Temple ave. Rke fl 32091		83								
				0"						0.5 7:5	
			84	1					F	┗╽╽	Code
l office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au	thorized by	the corp	corporati oration's	on submits t board of dire	his stateme ctors. I he	ent for the reby acc	ne purpose open the app	of changing its ointment as re	registered gistered
SIGNATURE											
	Signature, typed or printed name of registered agei	nt and title if applicable. (NOTE:	Registered Ager	t signature	required whe				DATE		
12.	OFFICERS AN							ES TO (
TITLE	A	ID DIRECTORS	13.		11.71.7					AND DIRECTO	
	D	ID DIRECTORS	1.1 TITLE		V12	PDE	11.20	100	1	Change	ORS IN 12 Addition
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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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS