1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000057256

1. Corporation Name

FILED Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90008 031 ***150.00

Principal Plac 17819 SUNRISE LUTZ FL 33549	E DR.	Mailing Address 17819 SUNRISE DR. LUTZ FL 33549				,	Date Incorp	porated or C	OT WRI	TE IN TH	IIS SPACE		
							06/27/19				3		
2. Principal P	Place of Business	2a. Mailing Address		12	. }	1	FEI Numbe				<u> </u>		ied For
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Suite, Apt.	#, etc.	27 Suite, Apr. #, etc.				5. (Certifcate o	of Status De	sired			Requ	
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· Zìp	Country	Zip	Cou	ıntry				ration owes	_	rent year	Intangible		
24 335 49.	-5353 25	29	30		•		•	roperty Tax		·	Yes	_ X	No
	9. Name and Address of Curre					10.	Name and	Address o	f New I	Registere	d Agent		
				81 1	Name								
	ALLISTER, JOHN E JR.			82 3	Street A	ddress (P.	O. Box Nur	mber is Not	Accepta	eble)			
	19 SUNRISE DR.				433	33 B	EAU	KIVAG	5	Cir	<u>cle </u>		
LUTZ	Z FL 33549			83		-		•					
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11. Pursuant office or ragent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the State on familiar viill, and accept the oblig	02 and 607.1508, Florida Sta e of Florida, Such change wa attor 707, Section 207, 505,	atutes, the a s authorized Florida Stat	bove-n d by the	named corpor	corporation ration's boa	submits the	is statement stors. I heret	for the	purpose pt the app	of changing pointment a	g its regis	stered
11. Pursuant office or ragent. I a SIGNATURE	Signature, typed or printed name of registered ag	pent and title if applicable (NIND DIRECTORS	OTE: Registered	1 Agent si	. //	ier nertw beniup	instating)	is statement stors. I heret	JRZ.	DATE	AND DIREC	7.7 CTOR	S 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 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 attackment with an address, with all other like empowered.

SIGNATURE: