Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90118 019 ***150.00

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 # P97000057955

1. Corporation Name

Principal Place	BASTIC COURT	Mailing Address 7635 WILLOW BASTIC C TALLAHASSEE FL 32312				DO NOT WRITE IN T				
		<u> </u>			<u> </u>	3. Date Incorporated or Qualifed				
		To Bankling Address				07/02/1997 4. FEI Number		Analio	d Ear	
2. Principal Place of Business 2a. Mailing Address 26						59-3462155	Applied For Not Applicable			
Suite, Apt. #, etc. Suite, Apt. #, etc.							\$8.7	5 Addi		
22	m, 5.55	27				5. Certifcate of Status Desired	•	e Requir	I	
City & Stat	e	City & State				6. Election Campaign Financing \$5.00 May Be				
23	·	28				Trust Fund Contribution	Add	led to Fe	es	
Zip 24	Country 5.	Zip 29	Coun	try		This corporation owes the current year Personal Property Tax.	Intangible		No	
- 1	9. Name and Address of Current	Registered Agent				10. Name and Address of New Register	ed Agent			
DANKE CONVA V				B1 Na	ame					
DAWS, SONYA K 318 NORTH MONROE STREET TALLAHASSEE FL 32301			-	B2 St	reet Addres	Address (P.O. Box Number is Not Acceptable)				
				83						
IALI	PAINOOLE I'E OZOUT			03				_		
				84 Cit	ty		85 85	Zip Code	э	
office or r agent. I a	to the provisions of Sections 607/3267 registered agent, or both, in the State of m familiar with, and accept the obligati	ions of, Section 607.0505, F	-ionua Statu	les.		ration submits this statement for the purpose is board of directors. I hereby accept the ap	pointment a	s registe	ered	
12.	OFFICERS AND	· · · · · · · · · · · · · · · · ·	13.	gon agn		ADDITIONS/CHANGES TO OFFICERS	AND DIRE	CTORS	IN 12	
TITLE	PSTD	☐ DELETE	1.1 TIT	E	<u> </u>	-	☐ Cha	nge [Addition	
NAME			1.2 NA	1.2 NAME 1.3 STREET ADDRESS					Ì	
STREET ADDRESS			1.3 STF						l	
CITY-ST-ZIP	TALLAHASSEE FL 32312		1.4 CIT	I.4 CITY-ST-ZIP						
TITLE	☐ DELETE		2.1 TITU	2.1 TITLE			☐ Cha	nge (Addition	
NAME			2.2 NA							
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NAME			5.2 NA							
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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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

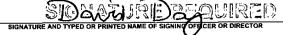
SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP



☐ Addition

☐ Change