IND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. OUNT DUE ON OR BEFORE 09/15/99; \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED					
Sep 07, 1999 8:00 a					
Secretary of State					
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icipal Place	e of Business	Mailing Address		((40)(60) (10 18111 18211 82)(1 82)(1 82)(1 82)(1 82)(1 82)(2 81)(1 81)(2 81)(1 81)(2 81)(1 81)(1 81)
SOUTH S		853 SOUTH STREET	E)	
RT MYERS	DEAGN FL	FORT MYERS BEACH	rı,	DO NOT WRITE IN THIS SPACE
			>-	3. Date Incorporated or Qualified
	· · · · · · · · · · · · · · · · · · ·			07/07/1997
Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number Applied For
Dula A-1	· · · · · · · · · · · · · · · · · · ·	Suite Apt # etc		65-0800785 Not Applicable \$8.75 Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
,		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year
	25	29	30	intangible Personal Property. X Yes No
	9. Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New Registered Agent
COI	NDOS, GREG			
	SOUTH STREET		82 Street Add	dress (P.O. Box Number is Not Acceptable)
FOF	rt myers beach fl		83	
			84 City	FL 85 Zip Code
Pursuant	to the provisions of sections 607.0	502 and 607.1508, Florida Stat	utes, the above-named corp	oration submits this statement for the purpose of changing its registered
office or agent. I a	registered agent, or both, in the Sta am familiar with, and accept the ob	ate of Florida. Such change wa ligations of, section 607.0505,	is authorized by the corpora Florida Statutes.	tion's board of directors. I hereby accept the appointment as registered
	الري د د مدينيسوم. ارساي ار هايد	, · · · · · · · · · · · · · · · · · · ·		
	Signature, typed or printed name of registered a	agent and title if applicable. AND DIRECTORS	(NOTE: Registered Agent signature re	quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
E	D	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
E	MUNOZ, JULIAN		1.2 NAME	2
ET ADDRESS	853 SOUTH STREET		1.3 STREET ADDRESS	
-ST-ZIP	FORT MYERS BEACH FL		1.4 CITY-ST-ZIP	à
•	D	DELETE	2.1 TITLE	Change Addition
E [CONDOS, GREG		2.2 NAME	
ET ADDRESS	853 SOUTH STREET		2.3 STREET ADDRESS	
ST-ZIP	FORT MYERS BEACH FL		2.4 CITY-ST-ZIP 3.1 TITLE	
- {		L DELETE	3.1 ITEE	L_I Change L_I Addition
ET ADDRESS			3.3 STREET ADDRESS	
ST-ZIP			3.4 CITY-ST-ZIP	1
-		DELETE	4.1 TITLE	Change Addition
E {			4.2 NAME	
ET ADDRESS			4.3 STREET ADDRESS	}
-ST-ZIP			4.4 CITY-ST-ZIP	
[]		L DELETE	5.1 TITLE	Change Addition
E (بهاريمهمينين المستناد البارينية	The state of the s	5.2 NAME	
ET ADDRESS -ST-ZIP			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
= 		DELETE	8.1 TITLE	Change Addition
E		المالية المالية	6.2 NAME	Oriongo Addition
ET ADDRESS			6.3 STREET ADDRESS	
ST-ZIP			6.4 CITY-ST-ZIP	
	AND THE RESERVE AND ADDRESS OF THE PARTY OF	the allers with the second second second	. 11	The state of the s

In 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.

IGNATURE:

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