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 # **P97000059579**1. Corporation Name

ATHENA RESOURCES, INC.

Principal	Place	of	Business

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90268 018 ***150.00



Principal Place	e of Business	Mailing Address							
2774 RUNYON CIRCLE 2774 RUNYON CIRCLE									
ORLANDO FL 32837 ORLANDO FL 32837		ORLANDO FL 32837				DO NOT WEIT	r in Tuic c	DACE	
						DO NOT WRIT	E IN THIS S	PACE	
						3. Date Incorporated or Qualifed			
			_			07/07/1997			
		<u> </u>	2a. Mailing Address		4. FEI Number			pplied For	
21			26			59-3464724	_		lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired			Additional lequired	
22		27			-				
City & State		⊢ •	City & State			6. Election Campaign Financing			May Be to Fees
23 28						Trust Fund Contribution			to rees
Zip	——————————————————————————————————————		_	• • • • • • • • • • • • • • • • • • •		8. This corporation owes the curre			
24	25	29	30	_		Personal Property Tax. 10. Name and Address of New Re			20110
	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Name and Address of New K	gistered A	gont	_
WAI:	SH, GERALD V								
	NW 37 COURT			82	Street Addr	ess (P.O. Box Number is Not Acceptal	ole)		
CORAL SPRINGS FL 33065				83					
OUN	AL OF THINGS I'L GOODS			83					
÷				84	City		FL	85 Zip	Code
44 5	the annuicion of Continue 607 050	22 and CO7 1509 Florido Statut	oe the a	hove	named com	oration submits this statement for the p		l I I	s registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a	uthonzed	1 bv ti	he corporation	on's board of directors. I hereby accept	the appoint	ment as r	egistered
SIGNATURE	Signature, typed or printed name of registered age	ant and title if emplicable (NOTE	Registered	l Agent	signature reguliter	d when reinstating)	DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECT	ORS IN 12
TITLE	D	☐ DELETE	1.1 70	TLE				Change	☐ Addition
NAME	ELDEN, MARION N		1.2 N	AME					
STREET ADDRESS	2774 RUNYON CIRCLE		13 ST	REET A	ADORESS				
CITY-ST-ZIP	ORLANDO FL 32837			TY-ST-					
TITLE	D	DELETE	2.1 TI					☐ Change	☐ Addition
NAME	ELDEN, RAYMOND H	_	2.2 NAME						-
STREET ADDRESS				ADDRESS					
· •. 1	ORLANDO FL 32837		_	ITY-ST		e em e .			
CITY-ST-ZIP	CREARDO I E 32037	☐ DELETE	3.1 Tr					☐ Change	☐ Addition
NAME '		<u></u> 1	3.2 N/						
ì			1		ADORESS			•	1
STREET ADDRESS				ITY-ST	1				
CITY-ST-ZIP	<u> </u>		4.1 TI		- Ul-			☐ Change	Addition
		T DELETE			ł			_ •	-
NAME .		☐ DELETE		IAME	1				
		[] DELETE	4. 2 N		ADDDEED				
STREET ADDRESS	•	☐ DELETE	4. 2 N 4.3 ST	TREET /	ADDRESS				
CITY-ST-ZIP			4. 2 N 4.3 ST 4.4 CI	TY-ST-				☐ Change	Addition
CITY-ST-ZIP		☐ DELETE	4. 2 N (4.3 S) 4.4 Cl 5.1 Π	TY-ST- TLE				☐ Change	e Addition
CITY-ST-ZIP TITLE NAME			4. 2 N 4.3 ST 4.4 CI 5.1 TT 5.2 N	TY-ST- TLE AME	-ZfP		<u> </u>	☐ Change	: Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	·		4. 2 N 4.3 ST 4.4 CI 5.1 TT 5.2 N 5.3 ST	TY-ST- TLE AME	ADDRESS			☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ DELETE	4. 2 N 4.3 ST 4.4 CI 5.1 TI 5.2 N 5.3 ST 5.4 CI	TY-ST- TLE AME TREET	ADDRESS				
CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE			4. 2 N 4.3 ST 4.4 CI 5.1 TI 5.2 N 5.3 ST 5.4 CI 6.1 TI	TY-ST- TLE AME TREET / TY-ST- TLE	ADDRESS			☐ Change	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	, , , , da	☐ DELETE	4. 2 N 4.3 ST 4.4 CI 5.1 TI 5.2 N 5.3 ST 5.4 CI 6.1 TI 6.2 N	TY-ST- TLE AME TREET / TY-ST- TLE AME	ADDRESS				

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:

407-855-3436