Mar 11, 1999 8:00 am Secretary of State 03-11-1999 90220 046 ***150.00

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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

1999

1. Corporation	of Business	Mailing Add 37824 AMEL DADE CITY	Iress IA AVE.			1 **	DO NOT WRI			
a Principal Pl	nea of Puninace	2a. Mailing	Address				/14/1997 Number		I An	plied For
2. Pinicipal Fi						1 "	-3470516	-		t Applicable
Suite, Apt. i							rtifcate of Status Desired		\$8.75 / Fee Re	Additional
City & State	te City & State					1	ction Campaign Financing		\$5.00 Added	
Zip	Country Zip			Countr				ent vear Inta		Λ
24)	25	29	, <u> </u>				rsonal Property Tax.	, , , , , , , , , , , , , , , , , , ,	☐Yes	MNO
	9. Name and Address of Cu					10. Na	me and Address of New F	egistered A	Agent	,
3782 DADI 11. Pursuant l office or re agent. I ar	YKO, RICHARD 4 AMELIA AVE. 5 CITY FL 33525 To the provisions of Sections 607 20 sistered agent, or both, in the S 3 familiar with, and accept the o	state of Florida. Such bligations of, Section	change was auth 607.0505, Florida	a Statute	City /e-named cory the corpora	rporation sul	or directors. I hereby accep	FL purpose of o	changing its	Code registered gistered
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere				nt signature requi		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	OFFICERS AND DIRECTORS 1:					ADD	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
) 1	MISEYKO, RICHARD E		_ 5222.12	1.1 TITLE 1.2 NAME						_ "
NAME STREET ADDRESS	37824 AMELIA AVE.				T ADDRESS			,		
CITY-ST-ZIP	DADE CITY FL 33525			1.4 CITY-	Į.					
TITLE	VP		DELETE	2.1 TITLE	VI Eli			-	Change	☐ Addition
NAME	SCHNEIDER, DIANA			2.2 NAME						
STREET ADDRESS	37824 AMELIA AVE.			2.3 STREE	T ADDRESS		•	• ,	• •	
CITY-ST-ZIP	DADE CITY FL 33525			2. 4 CITY-	ST-ZIP					
TITLE			DELETE	3.1 TITLE					☐ Change	☐ Addition
NAME				3.2 NAME						
STREET ADDRESS				3.3 STREE	T ADDRESS					
CITY-ST-ZIP				34. CITY-	ST-ZIP			-		
TITLE			DELETE	4.1 TITLE					Change	Addition
NAME				4. 2 NAME						
STREET ADDRESS				4.3 STREI	ET ADDRESS					. [
CITY OF 7ID				AA CITY-	ST-ZIP					Į.

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 suppliemental 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 or investment with an address, with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

☐ DELETE

352-567-7757

Change

Change

☐ Addition

☐ Addition