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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # P9700064944

1. Corporation Name

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90044 027 ***150.00

OORERW	'AG, INC										
Principal P ac	e of Business	Mailing Address				-				IDIII DI	
8337 ALTON A		8337 ALTON AVENUE									
JACKSONVILLE FL 32211 JACKSONVILLE FL 32211								FF 114 T1 110	00.05	,	
	•	* *				2 2-1-1	DO NOT WRI	E IN THIS	SPACE		
							corporated or Qualifed				
						07/28/				1000	lied For
Principal Place of Business 2a. Mailing Address						4. FEI Number 59-3460021				 -	Applicable
21		26				<u> </u>	30021		¢Q.		dditional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifca	te of Status Desired			e Req	
22		City & State					C-maios Financias				May Be
City & Stat	e	— ·					Campaign Financing and Contribution			ded to	
23	Country	28	Cou	intry.			poration owes the curr	ent woor Into			
Zip		— <u> </u>	30	iiia y		1	poration owes the cum il Property Tax.	sni year mia	Yes		∃No
24	9. Name and Address of Curr	29	30	Γ			and Address of New F	egister: d			
	J. Haine and Address of Cult	In registered Agent		81	Name						
RF:Ai	D, DENNIS W										
8:37 ALTON AVENUE				82	Street Add	ress (P.O. Bo):	Number is Not Accepta	Die)			
	KSONVILLE FL 32211			83						—	
dr.Q.	NOOMMEE I E GEE !										
				84	City		···	FL	85	Zip Ci	ode
12.		ANI) DIRECTORS	13.			ed when reinstating) ADDITE	NS/CHANGES TO OF	FICERS AN	D DIRE		RS IN 12
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	l .	☐ DELETE	12 N/	AME TREET /	Į.				☐ Cha		Addition
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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.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE TOR DIRECTOR

Date

Daytime Phone #

22F034 (11/98)