**PROFIT** CORPORATION ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000066722

Principal Plac 437 LECEILE A DELAND FL 32	VE.	Mailing Address 437 LECEILE AVE. DELAND FL 32724	<del></del>				IOT WRITE IN			
					08/01/	-				J
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Num				Applied For	] :
21		26)			59-346	51089		<u> </u>	Not Applicable  5 Additional	┥ 5
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate	e of Status D	esired 🗆	¥ =	e Required	↓ [
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24	25	29 3	0			Property Ta	x. of New Regist			
	9. Name and Address of Cu	errent Registered Agent	81 Na	ma -				ALOU LIBRAL		┦ ≣
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	B EAST NEW YORK AVE.		82 Str	eet Addres	ss (P.O. Box N	Number is No Les Les	( Acceptable)			_ ا
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11. Pursuant	to the provisions of Sections 607	.0502 and 607.1508, Florida Statules	, the above-nan	ned corpor	ration submits	this statemen	nt for the purpo	ose of changing	g its registered	<b>-</b> 1 ≣
11. Pursuant office or i	to the provisions of Sections 607 registered agent, or both, in the S	.0502 and 607.1508, Florida Statutes tate of Florida. Such change was aut	the above-name	ned corpor orporation	ration submits 's board of dir	this statement rectors. I here	nt for the purposity accept the	ose of changing appointment a	g its registered is registered	Ξ
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11. Pursuant office or i agent. I a	/` // A s \~ s V / ~	Ruxv	the above-name the control of the co		when rematating)		DA	TE	<del></del> _	=
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SIGNATURE	Signature, apped of printed name of registers	d agent and life if applicable. (NOTE: R	egislered Agent eigne		when rematating)		DA	TE	CTORS IN 12	(11/98)
SIGNATURE	Storeture, appeal of Arieldad Remark of Inglishers OFFICERS D RAILL, JOANNE M	d agont and tide if applicable. (NOTE: R	egislered Agent signe 13.		when rematating)		DA	RS AND DIRE	CTORS IN 12	(11/98)
SIGNATURE 12. TITLE	OFFICERS  D  RAILL, JOANNE M  437 LECEILE AVE	d agont and tide if applicable. (NOTE: R	egistered Agent eigne 13. 1.1 TITLE	ture required v	when rematating)		DA	RS AND DIRE	CTORS IN 12	(11/98)
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	D RAILL, JOANNE M 437 LECEILE AVE DELAND FL 32724 D	d agont and tide if applicable. (NOTE: R	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADOR 1.4 CITY-ST-ZIP 2.1 TITLE	ture required v	when rematating)		DA	RS AND DIRE	CTORS IN 12	R2E034 (11/98)
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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 cath; 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.

**FILED** 

May 06, 1999 8:00 am Secretary of State

05-06-1999 90175 004 \*\*\*150.00

104-738-0746