ILE C LANCE BOYLES, BRENT L C LANCE C	FILE NOW: FILING FEE AFTER MAY 1ST IS PROFIT CORPORATION ANNUAL REPORT 1999			MENT OF STATE Harris of State	FILED Apr 08, 1999 8:00 an Secretary of State 04-08-1999 90087 050 ***150.00				
https://www.state.com/states/	Corporation	n Name							
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Principal Place of Business 2a. Mailing Address 4. EEI Number Applied For WH S 2: M AD ULI N.M. 5593456839 Invitational Formation Place of Business 567.75 Additional Formation Place Network Suite. Appl. R., C. 21 Suite. Appl. R., Etc. 5. Certificate of Status Desired 56.00 May 26° Courter Country Country Country 5.000 May 26° Added or free Suite. Appl. R., Country Country Country Country Added or free Suite. Suite. Country Country Status Country Added or free Suite. Suite. Country Country Status Country Added or free Suite. Appl. R., Country Country Status Country Added or free Suite. Appl. R., Country Country Status Country Added or free Suite. Appl. R., Country Status Country Status Country Added or free Suite. Appl. R., Country Status Country Added or free No Suite. Appl. R., Country Status Country Added or free No Suite. Appl. R., Country Status Country Added or free No Suite. Appl. R., Country </td <td></td> <td></td> <td>\\\$</td> <td></td> <td></td> <td>3. Date Incorporated or Qualifed</td> <td>IS SPAC</td> <td>CE .</td> <td></td>			\\\$			3. Date Incorporated or Qualifed	IS SPAC	CE .	
City & Statut City	415	2 MADUNA	5 26 415	2	MADURA	4. FEI Number		Not	Applicable
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BOYLES, BRENT 228 S PALAFOX ST STE 202 PENSACOLA FL 32501	3250			30					L_No
Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes. The about-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accopt the appointment as registered agent, and accept the obligations of, Section 607 0505. Florida Statutes. CMATURE Signature, type or prived name af registered quart and list of appointment. Signature, type or prived name af registered quart and list of appointment. Signature, type or prived name af registered quart and list of appointment. Signature, type or prived name af registered quart and list of appointment. Signature, type or prived name af registered quart and list of appointment. Signature, type or prived name af registered quart and list of appointment. Signature, type or prived name af registered quart and list of appointment. Signature, type or prived name af registered quart and list of appointment. Signature, type or prived name af registered quart and list of appointment. Signature, type or prived name af registered quart and list of appointment. Signature, type or prived name af registered quart and list of appointment. Signature, type or prived name af registered quart and list of appointment. Signature, type of prived name af registered quart and list of appointment. Signature, type of prived name af registered quart and list of appointment. Signature, type of prived name af registered quart and list of appointment. Signature, type of prived name af registered quart and list of appointment. Signature, type of prived name af registered quart and list of appointment. Signature, type of prived name af registered quart and list of appointment. Signature, type of prived name af registered quart and list of appointment. Signature, type of the ty	226	S PALAFOX ST STE 202			82 Street Add	ess (P.O. Box Number is Not Acceptable)			
I. Pursuant to the provisions of Sections 607 6502 and 607 6508. Florida Statutes. The above named corporation submits this statement for the purpose of changing lits registered office or registered accopt the obligations of. Section 607 0505, Florida Statutes. I. Boyles, and a statutes. I. Provisions of genetics and accopt the obligations of section 607 0505, Florida Statutes. I. Boyles, and a statutes. I. Boyles, BRENT L I. TITLE I. DELETE I. S. OFFICERS AND DIRECTORS I. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 I. Statutes. I. Statutes. I. Statutes. I. Statutes. I. Statutes. I. Statutes. I. Statute					84 City		85	Zip C	Code
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. 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 turner certify that the information	ME REET ADDRESS Y-ST-ZIP				6.2 NAME 6.3 STREET ADDRESS 6.4 CITY- ST-ZIP			et the in	
4. I hereby certify that the information supplied/with this tiling does not quality for the exemption stated in Section 119.07(3)(1), Florida Statutes, Indule ender a similation indicated on this annual report or supplemental annual report is the 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 endowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, if or an attachment with an oddress, with all other like empowered.	A haabuu	certify that the information supplit	éd/with this filing does not c	walify for th	e exemption stated in 5	Section 119.07(3)(i), Florida Statutes. I further	certity th	atoneir	normation