## 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 # P97000069544

RICK WII	LLIAMS JR. MASTER CARF	PENTER, INC.					
Principal Place	e of Business	Mailing Address				A 21010 12101 21111 4	11011 6101 1001
23835 SW 142ND AVE PRINCETON FL 33032 PRINCETON FL 33032					DO NOT WRITE IN THI	IS SPACE	
					3. Date Incorporated or Qualifed 08/11/1997		
Principal Place of Business 2a. Mailing Address					4. FEI Number	Apr	plied For
21		26			65-0774093		t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 A Fee Re	
City & State	· e	City & State			6. Election Campaign Financing	\$5.00	<u></u>
23	·	28			Trust Fund Contribution	Added to	o Fees
Zip 24	Country 25	Zip 3	Country		This corporation owes the current year in Personal Property Tax.	ntangible ☐ Yes	XINo
<u> </u>	9. Name and Address of Curre				10. Name and Address of New Registere	d Agent	
			81	Name			
RIEGLER, JAMES 12651 S DIXIE HWY			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
SOUTH PARK CENTRE, SUITE 209			83				
MIAIM	VII FL 33156-5975		84	City		. 85 Zip (	Code
				·	F		
office or r	egistered agent, or both, in the State in familiar with, and accept the oblig	e of Florida. Such change was autoations of, Section 607.0505, Florid	nonzed by la Statutes	the corporation	oration submits this statement for the purpose in's board of directors. I hereby accept the app	ointment as re	gistered
12.	Signature, typed or printed name of registered ag	ND DIRECTORS	13.	it signature required	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	PD	DELETE 1				Change	Addition
NAME	WILLIAMS, RICK						
STREET ADDRESS	23835 SW 142ND AVE	· · · · · · · · · · · · · · · · · · ·		T ADDRESS			
CITY-ST-ZIP			1.4 CITY-S	T-ZIP			
TITLE			2.1 TITLE			Change	☐ Addition (
NAME	WILLIAMS, JENNIFER 2		2.2 NAME				
STREET ADDRESS	23835 SW 142ND AVE		2.3 STREE	TADDRESS		•	
CITY-ST-ZIP	114102101110		2. 4 CITY-5	ST-ZIP		Change	Addition
TITLE	}	☐ DELETE	3.1 TITLE			[] over:40	
NAME			3.2 NAME	T 40000000			
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP				3.4. CITY-ST-ZIP		[] Change	Addition
TITLE NAME			4. 2 NAME	ļ			
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			4.4 CITY-S				
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	TADDRESS			
CITY-ST-ZIP	<u></u>		5.4 CITY-S	ST-ZIP			- Addie
TITLE		☐ DELETE	61 TITLE			Change	☐ Addition

CITY-ST-ZIP 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

May 06, 1999 8:00 am Secretary of State

05-06-1999 90220 039 \*\*\*150.00

CR2E034 (11/98)

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