SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P97000069742

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SECRETARY OF STATE TALLAHASSEE. PLORIDA

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Principal Place	e of Business	Mailing Add	dress	<u> </u>			機制制		
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ARGO FL 33770 JS		LARGO FL US	LARGO FL 33770			REINSTATEMENT			
						3. Date Incorporated or Qualified 08/12/1997	3		
. Principal P	lace of Business	2a. Mailing 26 (0)9	Address Suret	n Di	,	4. FEI Number 59-3462208			plied For at Applicable
Suite, Apt	#, etc.		\pt. #, etc. ▶ 103	0		Certificate of Status Desired		\$8.75 Fee Re	
City & Stati	е	City & S		. Τ	γ.	6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added	
Zip	Country 25	Zip	9905	Count	ŠA	This corporation owes the cur Intangible Personal Property.] No
	9. Name and Address of Curre					10. Name and Address of New			
ADI	OAMO LEMNE			8	Name				
	RAMS, LEHN E N MAGNOLIA AVE. STE 201	ı		8	Street-Add	rest P.J. Box Number is Not Accept	able)		
801 N. MAGNOLIA AVE., STE. 201 Orlando fl 32803						- 200 803	ariac	383	<u> </u>
ON	LANDO FL 32003			8	3	-11/0	18/99	01114-	-006
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1. Pursuant	to the provisions of sections 607.05	502 and 607.1508	Florida Statutes	, the above	1		FL	1 1	gistered
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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 occurate 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if offinged, or on an attachment with an address,

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS 8.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

CITY-ST-ZIP

DELETE

Change Addition