PROFIT CORPORATION ANNUAL REPORT



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90072 034 \*\*\*150.00

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'	1999	DIVISION OF CO		WIII.		<u> </u>		
1. Corporation	MENT # P970000	072614						
IIILE CI	OMITMINE OF DIVERNING					P 1881/1881 HE (DIE MEET MEET BENDE BENDE BENDE BENDE BE	11(1 )(E18 Aria	H (
							11 74 17	1990 (MARIN 1990)
Principal Place	of Business	Mailing Address				נו הואסט הנוסט הנוסט הנוסט אומטו וועסה הנעסה מנו הספנוף אה ה		) jijah aran kaan
345 ETH AVE.		345 6TH AVE.						
INDIALANTIC FL 32951 INDIALANTIC FL 32951						OO NOT WRITE IN THIS	PRACE	
-						DO NOT WRITE IN THIS S  3. Date Incorporated or Qualifed	PACE	
						08/21/1997		1
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	T Ā	plied For
21	, Dasing-0	26				59-3467114	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	·			-5Certificate of Status Desired		Additional
2		27					Fee Re	<u></u>
City & State		City & State		-		6. Election Campaign Financing		May Be
23		29 Zip	Cou	intry		Trust Fund Contribution  8. This corporation owes the current year Inta	Added t	10 Lenz
Zip	Country	29 3	_	u y			∐ Yes	□No I
4	9. Name and Address of Current	<del></del>		Г		10. Name and Address of New Registered A	gent	
					Name			
Betten, Laura K				82	B2 Street Address (P.O. Box Number is Not Acceptable)			<del></del>
1361 BEDFORD DR.				82 Street Address (P.O. Box Number is Not Acceptable)			Z	
MELBOURNE FL 32940				83				1
				84	City		85 Zip	Code
•						FL.	1	- gigtered
11. Pursuant t	to the provisions of Sections 607.0502 adistered agent, or both, in the State of	and 607.1508, Florida Statutes Florida, Such change was aut	i, the a horized	bove- i by th	named corporation	pration submits this statement for the purpose of ones board of directors. I hereby accept the appoint	ment as re	gistered
agent. I ai	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	ia Stati	utes.				}
SIGNATURE	Signature, typed or priviled name of registered agent a	and title if englishing (NOTE: R	logistered	Agent a	signature required	when reinstating) DATE		<del></del>
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	
TITLE	D	DELETE 1.1		TLE		,	Change	Addition
NAME	SPRAGINS, STEPHEN		1.2 N	1.2 NAME				ļ.
STREET ADDRESS	973 OSPREY DR.		1.3 STREET ADDRESS		VDDRESS			
CITY-ST-ZIP	MELBOURNE FL 32940		_	1.4 CITY-ST-ZIP			Change	Addition
TITLE	D DELETE			2.1 TITLE 2.2 NAME			(T) Curaniña	
NAME	SPRAGINS, MICHAEL	Α.	1		DORESS	•		
STREET ADDRESS	905 N HARBOR CITY BLVD #10	<u> </u>	2.4 CITY					
CITY-ST-ZP	MEED-0-1111-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		3.1 TT		-		Change	Addition
NAME			3.2 N		1			
STREET ADDRESS			3.3 51	TREET A	ODRESS			
CITY-ST-ZIP	•		3.4. C	ITY-51-	zp_			
mre		☐ DELETE	4.1 TJ	TLE		,	Change	Addition
NAME			4.2 N	AME	-			1
STREET ADDRESS					LOORESS			1
CITY-ST-ZIP			_	7Y-ST-	ZDP		Chance	Addition
mue		☐ DELETE	5.1 TT		İ		Change	
NAME	•	•	1		DORESS			1
STREET ADDRESS				TY-ST-	i			1
CITY-ST-ZIP		☐ DELETE	6.1 TI		<del>-</del>		Change	Addition
TITLE NAME			6.2 NA		[			ļ
STREET ADDRESS			6.3 ST	REETA	OORESS			}
SIREEI NUURESS			1.40	~~		The state of the s		

14. Thereby 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

THE MAN LATE SHAPE OF SIGNING OF TIGER OR DIRECTOR

101-724-4440