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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000075500 1. Corporation Name

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90147 004 ***150.00

FORMAL	L # 1, INC.] 	. 1911 - 15 111 141 111 1	i i d i di in di ini	11 00 100 111
Principal Plac	e of Business	Mailing Address					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
690 S STATE	* · * · ·	8979 BIRD RD.							
MANGATE FL 33068 MIAMI FL 33165 US						DO NOT WRI	TE IN THIS	SPACE	
00					•	3. Date incorporated or Qualifed			
						08/29/1997			ł
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Ар	plied For
21		26				65-0777638		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75	
22		27				5. Carincate of Ctates Beside		Fee Re	
City & Stat	te	City & State				6. Election Campaign Financing		\$5.00	
23		28				Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes the curr	ent year Inta	ngible □ Yes	□No
24	9. Name and Address of Curren	t Pagistered Agent	30			Personal Property Tax. 10. Name and Address of New F			
,	a. Name and Address of Curren	r utaðisralan viðalit		81	Name	IV. (Jame and Address V. 1964 I	A Storetary		
NILS	SSON, JAMES L		1						
690 S STATE RD 7				82	Street Addres	ss (P.O. Box Number is Not Accepta	able)		
MAN	NGATE FL 33068		ŧ	83					
									
				84	City		FL	85 Zip (lode
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligations of the obligations of the state of the obligations of the provision of the provisions o	of Florida. Such change was a tions of, Section 607.0505, Flo	uthorized orida Statu	by t ites.	the corporation	's board of directors. I hereby accep	pt the appoin	tment as re	jistered
	Signature, typed or printed name of registered ager		Registered /	Agent	signature required v	when reinstating) ADDITIONS/CHANGES TO OF	DATE EICEDS AM	DIRECTO	PS IN 12
12.	D OFFICERS AN	D DIRECTORS	1.1 TIT	ıF	- 1	ADDITIONS/CHANGES TO BE	FICENS ANI	Change	Addition
NAME	NILSSON, JAMES L		1.2 NA					_ ,	_ }
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	MANGATE FL 33068		1.4 CIT						
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CITY-ST-ZIP					1				
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STREET ADDRESS)	☐ DELETE		LE	r-ZIP -			Change	Addition
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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 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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MULLING REMINISTER RATES LEVEL STOR TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR