FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

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

DOCUI	1999 🐣	DIVISI	ON OF CORPORATIONS	03-30-1999 90012 047 ***1	150.00
1. Corporation	MENT # E970	900 % 82819	P18280007P9		
ST	ERLING TIME COM	NPANY			
184	1- NE 1412 01	22.5			
	TH MIAME BSACH, I			• > •	
Principal Place		Mailing Address	. 30		
1845 Y	1.8. 146 P STAUS	1845 h	.E. 146 STRUS EL 33181		
	FL 33181	nma r	33181	DO NOT WRITE IN THIS S	SPACE
70 77.13,	7-2 30//	,,,,,,,		3. Date Incorporated or Qualifed /の: シリッタチ	
	lace of Business	2a. Mailing Addre	ess	4. FEI Number 65. 0787 495	Applied For Not Applicable
Suite, Apt.	# etc	26 Suite, Apt. #,	etc.		\$8.75 Additional
22	n, 500.	27		5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intar	ngible
24	25	29	30	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of C	Current Registered Agent	24	10. Name and Address of New Registered A	gent
	SCOTT AADAL		81 Name		
	1845 n.E. 140	PST	82 Street Ac	ddress (P.O. Box Number is Not Acceptable)	
			83		
	No MIAME BEA,	FL 33181			1
			84 City	FL	85 Zip Code
l affina ar	to the provisions of Sections 60 registered agent, or both, in the arm familiar with, and accept the	State of Florida, Such chan	ne was authorized by the totbur	orporation submits this statement for the purpose of cation's board of directors. I hereby accept the appoin	tment as registered
SIGNATURE	Signature, hand or printed name of register	ered agent and title if applicable	(NOTE: Registered Agent signature regi	uired when reinstating) DATE	
	Signature, typed or printed name of register	ered agent and title if applicable	(NOTE: Registered Agent signature requirements)	uired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND	
SIGNATURE 12. INTLE	Signature, typed or printed name of registe OFFICE	RS AND DIRECTORS		on to men on the sign	D DIRECTORS IN 12
12.	Signature, typed or printed name of registe OFFICE PALS 1 DAT	RS AND DIRECTORS	13.	on to men on the sign	
12.	Signature, typed or printed name of registe OFFICE PALSI DES SCOTT ANDRE 1845 NE. 1467	RS AND DIRECTORS	13. ELETE :: TITLE	on to men on the sign	
12. HTLE NAME	Signature, typed or printed name of registe OFFICE PALS 1 DAT	RS AND DIRECTORS DI	13. ELETE ::TITLE 12 NAME -: STREET ADORESS 14 CITY-ST-ZIP	on to men on the sign	☐ Change ☐ Fook
12. HITE NAME TREET 400PESS	Signature, typed or printed name of registe OFFICE PALSI DES SCOTT ANDRE 1845 NE. 1467	RS AND DIRECTORS DI	13. ELETE :: TITLE 12 NAME Groger angress GLITY-ST-ZIP ELETE 2.1 TITLE	on to men on the sign	
12. INTLE NAME TREET +00PEDS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registe OFFICE PALS 1 2005 SCOTT AND ALL 1845 N.E. 146 N.M.B. FL 331	RS AND DIRECTORS DI	13. ELETE 1: TITLE 12 NAME 1: STREET APORESS 1: CITY-ST-ZIP ELETE 2: TITLE 22 NAME	on to men on the sign	☐ Change ☐ Fook
12. INTLE NAME TREET 400PE0S CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registe OFFICE PALS 1 2005 SCOTT AND ALL 1845 N.E. 146 N.M.B. FL 331	RS AND DIRECTORS DI	13. ELETE :: TITLE 12 NAME	on to men on the sign	☐ Change ☐ Fook
12. IITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registe OFFICE PRISIDENT SCOTT ANDRIC 1845 NE. 146 B NMB, FL. 331	RS AND DIRECTORS DI ST D D	13. ELETE 1: TITLE 12 NAME 1: STORESS 14 CITY-ST-ZIP ELETE 2: TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP	on to men on the sign	☐ Change ☐ Fook
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12. TITLE NAME **DEET 400°E33 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registe OFFICE PARSIDER SCOTT ANDRE 1845 ME. 1464 NMB, FL 331	RS AND DIRECTORS DI ST D D	13. ELETE :: TITLE 12 NAME	on to men on the sign	Change Addit
12. TITLE NAME **DEET 400PE3S CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registe OFFICE PARSIDER SCOTT ANDRE 1845 ME. 1464 NMB, FL 331	RS AND DIRECTORS DI ST D D	13. ELETE :: TITLE 12 NAME	on to men on the sign	Change Addition
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12. TITLE NAME **PEET 400PE38 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of register OFFICE PRISIDET SCOTT ANDRE 1845 NE. 1464 NMB, FL. 331	S AND DIRECTORS DI T D D D D	13. ELETE 1: TITLE 12 NAME 1- STOREST ADORESS 14 CITY-ST-ZIP ELETE 21 TITLE 22 NAME 23 STREET ADORESS 2.4 CITY-ST-ZIP ELETE 3.1 TITLE 32 NAME 33 STREET ADORESS 15 CITY-ST-ZIP ELETE 4.2 NAME 4.3 STREET ADORESS	on to men on the sign	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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SCOTT A. AADAL