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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000093425

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90195 026 ***150.00

	n(Name) 是	030420	,							
Principal Place	e of Business	Mailing Address				-\			1 1 (1) (11)	
421 W MADISON ST 421 W MADISON ST										
STARKE FL 32091 STARKE FL 32091						DO MOTIMOTE IN THE SPACE				
						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed				
A Defendant D	Vacant Provinces	2a. Mailing Address				10/30/1997 4. FEI Number		Applie	d For	Ì
					59-3477782	Not Applicable		1		
21 Suite, Apt.	# etc	Suite, Apt. #, etc.				_	\$8.7		<u></u>	1
22	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	27				5. Certifcate of Status Desired	Fee	Requi	red]
City & Stat	te	City & State				6. Election Campaign Financing	\$5.0	00 Ma	у Ве	
23		28				Trust Fund Contribution	Adde	ed to F	ees	
Zip 24	Country 25	Zip	Co.	untry	د استنب	This corporation owes the current year Int Personal Property Tax.	angib <u>le</u> ☐Yes	X	 No	
	9. Name and Address of Current	11				10. Name and Address of New Registered	Agent	7.4		1
		<u> </u>		81	Name					1
	HER, JASON B W MADISON ST			82	Street Addre	ess (P.O. Box Number is Not Acceptable)			 -	
	RKE FL 32091			83						1
				84	City		85 Z	ip Cod	de	
				Щ.		FL	changing	ite roo	nietorod	-
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State or familiar with, and accept the obligation	z and 607.1508, Florida Statut of Florida. Such change was a ions of, Section 607.0505, Flo	es, the a uthorize rida Stat	above-r ed by th itutes.	ne corporation	oration submits this statement for the purpose of n's board of directors. I hereby accept the appoi	ntment as	regist	tered	
										ł
SIGNATURE										
,	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE	: Registere	ed Agent s		when reinstating) DATE		<u> </u>		3
12.	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE	: Registere	ed Agent s		when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIREC	TORS		60,7
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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, of an an address, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/98

(904) 964-4662