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

PROFIT CORPORATION ANNUAL REPORT 4000



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

	1999 g `		DIVISION OF CO	DRPORATIONS	04-20-1999 90183	020 ***150.00	
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Principal Place			_				
70 BERWICK CIP SHALIMAR FL 32			IWICK CIRCLE MAR FL 32579				
STALIMAN FE S	2313	OI VIEW			DO NOT WRITE IN TH	HIS SPACE	
					3. Date Incorporated or Qualifed		
					11/05/1997 4. FEI Number	Applied Fo	_
2. Principal Pl	ace of Business	— —	ailing Address			Not Applica	
21		26	uite, Apt. #, etc.		59-3480898	- \$8.75 Additiona	
Suite, Apt.	#, øtc.	27	ine, Apr. #, etc.		5. Certificate of Status Desired	Fee Required	"
City & State			ty & State		6. Election Campaign Financing	\$5.00 May Be	
23	3	28	.,		Trust Fund Contribution	Added to Fees	
Zip	Country	Zi	р	Country	8. This corporation owes the current year	Intangible	`
24	25	29	3	50	Personal Property Tax.	☐ Yes ☐Ño	
	9. Name and Address o	f Current Register	ed Agent		10. Name and Address of New Register	ed Agent	
				81 Name			
	OLER, JEROME E			82 Street Add	dress (P.O. Box Number is Not Acceptable)		
	ERWICK CIRCLE			-			
SHAL	LIMAR FL 32579			83			
				84 City		85 Zip Code	1
		007.0500 1.007	1500 Florida Statutos	the above named cor			ed
11. Pursuant office or r	to the provisions of Sections egistered agent, or both, in the m familian with, and accept the m	he State of Florida.	Such change was autored	thorized by the corporat	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	pointment as registered	
	m ramilia with, and accept u	ile puligations or, or					I
SIGNATURE		م سلا کا	du T		Scooler 4	-2-77_	_ }
_	Signature, ped or printed name of rec	gistered agent and title if ap	of Ji	erome E Registered Agent signature requi	red when reinstating) GATE	-2-77	- 6
12.	Ø OFFIC	E. Sua	plicable. (NOTE: F	Registered Agent signature required 13.	red when reinstating) ADDITIONS/CHANGES TO OFFICERS		12 60 5 3 n
	PTDC	gistered agent and title if ap	plicable. (NOTE: F	tegistered Agent signature required 13.	red when reinstating) GATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN Change	12 60 # 30n F
12.	PTDC SCOOLER, JEROME E	gistered agent and title if ap	plicable. (NOTE: F	erome egistered Agent signature requi 13. 1.1 TITLE 12 NAME	red when reinstating) GATE ADDITIONS/CHANGES TO OFFICERS		12 (80)
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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, on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED Apr 20, 1999 8:00 am Secretary of State