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

*PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT-OF'STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

FILED Apr 16, 1999 8:00 am Secretary of State 04-16-1999 90073 023 ***150.00

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DOCU	MENT # P97	020107838				
 1. Compratio 	n Name RMET DELIGHTS	-				
401	E. NEW HAVE L BOURLE, L e of Business	n me				
7/2	LBOURIE, F	-2. 32901	_	_		
Principal Plac	e of Business	Mailing Address		İ		
	5 1 · · =					
	SAME	SANE		DO NOT WRITE II	N THIS SPACE	
				3. Date Incorporated or Qualifed		
i				ĺ		ì
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Ap	plied For
21		26		59-3507773		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A	I .
22		27	<u> </u>		Fee Re	
City & Stat	e ,	City & State		6. Election Campaign Financing	\$5.00	, ,
Zip	Country		Country	Trust Fund Contribution	Added to	o rees
24	25)	29	30	This corporation owes the current y Personal Property Tax.		□No
24	9. Name and Address of Cur			10. Name and Address of New Regis		
			81 Name			
	FRANK BRUM		82 Street Add	ress (P.O. Box Number is Not Acceptable)		
•	407 E.LEN	GAREN AVE	62 Stieet Add	iless (F.O. Box Number is Not Acceptable)		
	MELBOURIE	-1 75001	83			
	IELDOURKE,	/ M. 7000/	84 City			Code
Ì						
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida Statut	es, the above-named con	poration submits this statement for the purpon's board of directors. I hereby accept the	ose of changing its	registered histered
Office Of I	egistered agent, or both, in the ott					
agent. I a	m familiar with, and accept the obl	ligations of, Section 607.0505, Flo	rida Statutes.	on's board of directors. Thereby accept the	appointment do res	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
agent. I a. SIGNATURE	Fh.	ligations of, Section 607.0505, Flo	rida Statutes.	& BRunn 4	-5-79	
SIGNATURE	Signature, typed or purified name of registered	ligations of, Section 607.0505, Flo	rida Statutes. Registered Agent signature require	L Blussa Wed when reinstating)	-5- <u>79</u>	
1	Signature, typed or ported name of registered OFFICERS	agent and title if applicable. (NOTE AND DIRECTORS	rida Statutes.	& BRunn 4	-5- <u>79</u>	
SIGNATURE	Signature, typed or curried name of registered OFFICERS	ligations of, Section 607.0505, Flo agent and title if applicable. (NOTE AND DIRECTORS DELETE	rida Statutes. Registered Agent signature require	L Blussa Wed when reinstating)	-5-79 ATE RS AND DIRECTO	RS IN 12
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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: