COR ANNU	NOW: FILING PROFIT PORATION JAL REPORT 1999	ORATION Katherine Harris L REPORT Secretary of State					FILED Apr 22, 1999 8:00 an Secretary of State 04-22-1999 90185 001 ***150.00				
	MENT # P97		119								
incipal Place 22 WOOD OV ADENTON FL		3402	ing Address WOOD OWL CIRCLE DENTON FL 34210-4226				3. Date Incorporat	DO NOT WF	ITE IN THIS		1)
							01/01/1998		,		pplied For
Principal Pla	lace of Business	26	Mailing Address				65-0	803	426	N	ot Applicable
Suite, Apt. i	#, etc.	27	Suite, Apt. #, etc.	:		-	5. Certifcate of Sta	atus Desired			Additional equired
City & State	e	28	City & State				6. Election Campa Trust Fund Cor	• •			May Be to Fees
Zip	Country		Zip	Coun	try		8. This corporation Personal Prope	n owes the cu	rent year ini	tangible	12 No
	9. Name and Address				81 Name	·	10. Name and Add		Registered	Agent	
	ver, John G			1			ss (P.O. Box Number	is Not Accen	table)		
	2 WOOD OWL CIRCLE DENTON FL 34210-422	x		L							
DUM	DENTION FL 34210-422	.0									
					83		- <u></u>				
				l l	B4 City	 			FL	_ `	Code
office or re	to the provisions of Section egistered agent, or both, ir m familiar with, and accept	h the State of Florida	 Such change was au 	s, the ab	84 City	: d corpor poration	ration submits this stu 's board of directors.	atement for th I hereby acc		changing its	registered
office or re agent. I ar	enistered agent or both in	n the State of Florida t the obligations of, S	. Such change was au Section 607.0505, Flori	s, the abo thorized da Statut	84 City ove-named by the corr es.	oration	when reinstating)		e purpose of ept the appo	f changing its	s registered egistered
office or re agent. I ar GNATURE	egistered agent, or both, ir m familiar with, and accept Signature, typed or printed name of	n the State of Florida t the obligations of, S	. Such change was au Section 607.0505, Flori pplicable. (NOTE: 1 TORS	s, the about thorized ida Statut Registered A	84 City ove-named by the corp es.		ADDITIONS/CH	ANGES TO O	DATE	f changing its	s registered egistered
office or re agent. I ar GNATURE	egistered agent, or both, ir m familiar with, and accept Signature, typed or printed name of	n the State of Florida t the obligations of, S registered agent and title if a	. Such change was au Section 607.0505, Flori pplicable. (NOTE: 1	s, the abo thorized da Statut	84 City ove-named by the corr es. gent signature		ADDITIONS/CH	ANGES TO O	DATE	r changing its intment as re ND DIRECTO	s registered egistered ORS IN 1/2
office or re agent. I ar GNATURE	egistered agent, or both, ir m familiar with, and accept Signature, typed or printed name of	n the State of Florida t the obligations of, S registered agent and title if a	. Such change was au Section 607.0505, Flori pplicable. (NOTE: 1 TORS	s, the ab thorized da Statut 13. 1.1 TIT 1.2 NAW 1.3 STR	B4 City ove-named by the corr es. gent signature E E EET ADDRESS		ADDITIONS/CH		DATE FFICERS AI	r changing its intment as re ND DIRECT	s registered egistered ORS IN 1/2
office or re agent. I ar GNATURE 2. LE ME REET ADDRESS Y-ST-ZIP	egistered agent, or both, ir m familiar with, and accept Signature, typed or printed name of	n the State of Florida t the obligations of, S registered agent and title if a	. Such change was au Section 607.0505, Flori pplicable. (NOTE: 1 TORS	s, the ab thorized da Statut 13. 1.1 TIT 1.2 NAW 1.3 STR	B4 City ove-named by the corp ess. gent signature E E EET ADDRESS -ST-ZIP		ADDITIONS/CH		DATE FFICERS AI	r changing its intment as re ND DIRECT	s registered egistered DRS IN /2 DAddition
office or re agent. I ar GNATURE 	egistered agent, or both, ir m familiar with, and accept Signature, typed or printed name of	n the State of Florida t the obligations of, S registered agent and title if a	. Such change was au Section 607.0505, Flori pplicable. (NOTE: 1 TORS DELETE	s, the abit thorized ida Statul 13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CIT	B4 City ove-named by the corp es. gent signature E E EET ADDRESS <i>r</i> .ST-ZIP E		ADDITIONS/CH		DATE FFICERS AI	r changing its intment as re ND DIRECT	s registered egistered DRS IN /2 DAddition
office or re agent. I ar GNATURE LE KEET ADORESS Y-ST-ZIP LE KE	egistered agent, or both, ir m familiar with, and accept Signature, typed or printed name of	n the State of Florida t the obligations of, S registered agent and title if a	. Such change was au Section 607.0505, Flori pplicable. (NOTE: 1 TORS DELETE	s, the ab thorized ida Statul 13. 1.1 TIT 1.2 NAM 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAM	B4 City ove-named by the corp es. gent signature E E EET ADDRESS <i>r</i> .ST-ZIP E		ADDITIONS/CH		DATE FFICERS AI	r changing its intment as re ND DIRECT	s registered egistered DRS IN /2 DAddition
office or re agent. I ar GNATURE LE KEET ADORESS Y-ST-ZIP LE KEET ADORESS Y-ST-ZIP	egistered agent, or both, ir m familiar with, and accept Signature, typed or printed name of	n the State of Florida t the obligations of, S registered agent and title if a	. Such change was au Section 607.0505, Flori pplicable. (NOTE: 1 TORS DELETE	Registered A 13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT	B4 City ove-named by the corp es. gent signature E E E E E E E E E E E E E E E E E E E		ADDITIONS/CH		DATE FFICERS AI	r changing its intment as re ND DIRECT	s registered egistered DRS IN /2 DAddition
office or re agent. I ar	egistered agent, or both, ir m familiar with, and accept Signature, typed or printed name of	n the State of Florida t the obligations of, S registered agent and title if a	. Such change was au Section 607.0505, Flori pplicable. (NOTE: 1 TORS DELETE	s, the ab thorized ida Statul 13. 1.1 TIT. 1.2 NAM 1.3 STR 1.4 CIT. 2.1 TIT. 2.2 NAM 2.3 STR	B4 City Dve-named by the corp es. gent signature E E E E E E E E E E E E E		ADDITIONS/CH		DATE FFICERS AI	Changing its intment as re ND DIRECTI Change C Change C Change C C Change C C Change C C Change	s registered egistered ORS IN <u>2</u> Addition
office or re agent. I ar GNATURE LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME	egistered agent, or both, ir m familiar with, and accept Signature, typed or printed name of	n the State of Florida t the obligations of, S registered agent and title if a	. Such change was au Section 607.0505, Flori pplicable. (NOTE: 1 TORS DELETE	S, the ab- thorized 13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITI 2.1 TITL 2.2 NAM 2.3 STR 2.4 CITI 3.1 TITL 3.1 TITL	B4 City Dve-named by the corp es. gent signature E E E E E E E E E E E E E	P T T T T T T T T T T T T T T T T T T T	ADDITIONS/CH		DATE FFICERS AI	Changing its intment as re ND DIRECTI Change C Change C Change C C Change C C Change C C Change	s registered egistered ORS IN <u>2</u> Addition
office or re agent. I ar GNATURE 	egistered agent, or both, ir m familiar with, and accept Signature, typed or printed name of	n the State of Florida t the obligations of, S registered agent and title if a	. Such change was au section 607.0505, Flori TORS	Registered A 13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT	B4 City Dve-named by the corp es. gent signature E E E E E E E E T ADDRESS Y-ST-ZIP E E E E E E E T ADDRESS Y-ST-ZIP	P T T T T T T T T T T T T T T T T T T T	ADDITIONS/CH		DATE FFICERS AI	Changing its intment as re Intment	s registered egistered ORS IN 12 Addition
office or re agent. I ar GNATURE .E .E .E .E .E .E .E .E .E .E .E .E .E	egistered agent, or both, ir m familiar with, and accept Signature, typed or printed name of	n the State of Florida t the obligations of, S registered agent and title if a	. Such change was au Section 607.0505, Flori pplicable. (NOTE: 1 TORS DELETE	Registered A 13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITI 2.1 TITL 2.1 TITL 2.3 STR 2.4 CITI 3.1 TITL 3.2 NAM 3.3 STR	B4 City Dve-namec by the corp es. E E E E E E E E E E E E E	P T T T T T T T T T T T T T T T T T T T	ADDITIONS/CH		DATE FFICERS AI	Changing its intment as re ND DIRECTI Change C Change C Change C C Change C C Change C C Change	s registered egistered ORS IN <u>2</u> Addition
office or re agent. I ar SNATURE E E EET ADORESS (-ST-ZIP E E EET ADDRESS (-ST-ZIP E E EET ADDRESS (-ST-ZIP E E EET ADDRESS (-ST-ZIP E E	egistered agent, or both, ir m familiar with, and accept Signature, typed or printed name of	n the State of Florida t the obligations of, S registered agent and title if a	. Such change was au section 607.0505, Flori TORS	Registered A 13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAM 3.3 STR 3.4 CIT 3.4 CIT 4.1 TITL 4.2 NAM	B4 City Dve-namec by the corp es. E E E E E E E E E E E E E		ADDITIONS/CH		DATE FFICERS AI	Changing its intment as re Intment	s registered egistered ORS IN 12 Addition
office or re agent. I ar SNATURE E E E E E E E E E E E E E T AD R E E E E E E T AD R E S S T S T S D R E S S S S S S S S S S S S S S S S S S	egistered agent, or both, ir m familiar with, and accept Signature, typed or printed name of	n the State of Florida t the obligations of, S registered agent and title if a	. Such change was au Section 607.0505, Flori	Registered A 13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CIT	B4 City Dve-namec by the corr es. E E E E E E E E E E E E E		ADDITIONS/CH		DATE FFICERS AI	Changing its intment as re in	s registered egistered ORS IN 12 Addition
office or re agent. I ar GNATURE 	egistered agent, or both, ir m familiar with, and accept Signature, typed or printed name of	n the State of Florida t the obligations of, S registered agent and title if a	. Such change was au section 607.0505, Flori TORS	Registered A 13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CIT 5.1 TITL	B4 City Dve-namec by the corp es. E E E E E E E E E E E E E		ADDITIONS/CH		DATE FFICERS AI	Changing its intment as re Intment	s registered egistered ORS IN 12 Addition
office or re agent. I ar GNATURE .E. AE KEET ADDRESS Y-ST-ZIP .E. KEET ADDRESS Y-ST-ZIP LE AE KEET ADDRESS Y-ST-ZIP LE AE KEET ADDRESS Y-ST-ZIP LE ME KEET ADDRESS	egistered agent, or both, ir m familiar with, and accept Signature, typed or printed name of	n the State of Florida t the obligations of, S registered agent and title if a	. Such change was au Section 607.0505, Flori	S, the ab thorized 13. 1.1 TIT. 1.2 NAW 1.3 STR 1.4 CIT. 2.1 TITL 2.2 NAM 3.3 STR 3.4 CIT. 3.3 STR 3.4. CIT. 4.1 TITL 4.2 NAM 3.3 STR 3.4. CIT. 4.1 TITL 4.2 NAM 3.3 STR 3.4. CIT. 5.1 TITL 5.1 TITL 5.2 NAM	B4 City Dve-namec by the corp es. E E E E E E E E E E E E E		ADDITIONS/CH		DATE FFICERS AI	Changing its intment as re in	s registered egistered ORS IN 12 Addition
office or re agent. I ar GNATURE LE WE REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS REET ADDRESS	egistered agent, or both, ir m familiar with, and accept Signature, typed or printed name of	n the State of Florida t the obligations of, S registered agent and title if a	. Such change was au Section 607.0505, Flori	S, the abithorized 13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITL 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 3.3 STR 3.4. CIT 4.1 TITL 4.3 STFR 4.4 CITL 5.3 STR 5.4 CIT	B4 City Dve-name(by the corr es. E E E E E E E E E E E E E		ADDITIONS/CH		DATE FFICERS AI	Changing its intment as re in	s registered egistered ORS IN 1/2 Addition
office or re agent. I ar IGNATURE 2. LE ME REET ADORESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE	egistered agent, or both, ir m familiar with, and accept Signature, typed or printed name of	n the State of Florida t the obligations of, S registered agent and title if a	. Such change was au Section 607.0505, Flori	s, the ab thorized 1 da Statul 13. 1.1 TIT. 1.2 NAM 1.3 STR 1.4 CIT. 2.1 TIT. 2.2 NAM 2.3 STR 3.4 CIT 3.1 TIT. 4.2 NAM 4.3 STR 4.4 CIT 5.1 TIT. 5.2 NAM 5.3 STR 5.4 CIT 6.1 TIT.	B4 City Ove-name(by the corp es. E E E E E E E E E E E E E		ADDITIONS/CH		DATE FFICERS AI	Changing its intment as re in	s registered egistered ORS IN 12 Addition
office or re agent. I ar IGNATURE 2. IE ME REET ADORESS Y-ST-ZIP IE ME REET ADDRESS Y-ST-ZIP IE ME REET ADDRESS Y-ST-ZIP IE ME REET ADDRESS Y-ST-ZIP	egistered agent, or both, ir m familiar with, and accept Signature, typed or printed name of	n the State of Florida t the obligations of, S registered agent and title if a	Such change was au Section 607.0505, Flori Pplicable. (NOTE: TORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE	S, the ab thorized 13. 1.1 Thr. 1.2 NAM 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.3 STR 3.3 STR 3.4. CIT 3.1 TITL 4.1 TITL 2.2 NAM 3.3 STR 3.4. CIT 4.1 TITL 4.2 NAM 4.3 STR 5.3 STR 5.4 CIT 6.1 TITL 6.2 NAM 5.2 NAM	B4 City Ove-name(by the corp es. E E E E E E E E E E E E E	PJ 34 37 5 5 5	ADDITIONS/CH		DATE FFICERS AI	Changing its intment as re in	s registered egistered ORS IN 1/2 Addition

AN G. HOOVAR 4-16-99

941-739-6252

officer or director of the corporation or the receiver or trustee empowered to execute this report as rec Block 12 or Block 13 if changed, or of an attachment with an address, with all other like empowered.

2

TO

SIGNATURE: