PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOOLINAENT

FILED Apr 23, 1999 8:00 am Secretary of State

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RAFOOL	& RAFOOL, P.A.	1108198					
Principal Place	of Business	Mailing Address			(illittat (in raftt small abers anies tern a		
1519 THIRD STREET S.E. 1519 THIRD STREET S.E. WINTER HAVEN FL 33880 WINTER HAVEN FL 33880				,	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
	·				01/01/1998		
2. Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number 59-3486584		olied For
1	·	26			59-3900001		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
2	<u></u>	27			a Flui O widle Feeding	\$5.00	
City & State	9	City & State			6. Election Campaign Financing Trust Fund Contribution	Added to	
3 210	Country	28	Count		8. This corporation owes the current year into		
Zip 1	[25]	29	30	•	Personal Property Tax.	Yes	□No
6	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered	Agent	
			8	1 Name			
RAFOOL, BRANDON J			-	82 Street Address (P.O. Box Number is Not Acceptable)			
1519 THIRD STREET S.E.			· [°		V		
WINTER HAVEN FL 33880			83				
	•		-	H City		85 Zip C	ode
			"				
office or n	egistered agent, or both, in the State	02 and 607,1508, Florida Statut of Florida, Such change was a stiggs of Section 607,0505, Flo	tes, the about the state of the	ove-named corpora	poration submits this statement for the purpose of toon's board of directors. I hereby accept the appoint	changing its r ntment as reg	registered pistered
SIGNATURE	Signature, typed or printed name of registered ago				poration submits this statement for the purpose of con's board of directors. I hereby accept the appoint and when reinstating) OATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	RS IN 12
office or agent, i a SIGNATURE	Signature, typed or printed name of registered ago	ant and title it applicable. (NOTE	E: Registered A	gent signature requi	ired when reinstating) DATE		RS IN 12
SIGNATURE 12.	Signature, typed or printed name of registered age OFFICERS AI	ent and title it applicable. (NOTE ND DIRECTORS	E: Registered Ac	gent signature requi	ired when reinstating) DATE	ID DIRECTOR	RS IN 12
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CITY-ST-ZIP 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 tustee 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 of powered.

5.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

SIGNATURE:

TILE

NAME

STREET ADDRESS