PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF TATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P97000108258 1. Corporation Name

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90069 007 ***150.00

Principal Pface 4784 FAIRSUN COCOA FL 329	ST	Mailing Address PO BOX 10051 PORT ST JOHN						E IN THIS SPACE		
						ĺ	3. Date Incorporated or Qualifed 01/05/1998			
2. Principal Place of Business 2a. Mailing Address			ress				4. FEI Number 249 23	3/9	Applied For Not Applicab	la la
Suite, Apt.	#, etc.	26 Suite, Apt. #	, etc.				5. Certificate of Status Desired		5 Additional	
City & State	B	27	<u> </u>				s. Election Campaign Financing	\$5.0	Required May Be	·-
23	·	28					Trust Fund Contribution	Add	d to Fees	
Zlp 24	Country 25	Zip 29	30	Country	,		This corporation owes the current Personal Property Tax.	il year Intangible ☐ Yes	□No	
<u> </u>	g. Name and Address of Curre						10. Name and Address of New Re	gistered Agent		4
				81	Name					
	/E, PATRICIA M I FAIRSUN ST			82	Street	Addres	s (P.O. Box Number is Not Acceptable	le)		_
coc	OA FL 32927			83						一] :
				84	City			FL 85 2	p Code	7.
11. Pursuant office or nagent, i a	to the provisions of Sections 607.05 egistered egent, or both, in the Stat m familiar with and accept the oblig	502 and 607.1508, Flori e of Florida, Such chan gations of, Section 697.	ida Statutes, nge was auth 0505, Florid	the aboverized by a Statutes	re-named the corp s.	corporation	ation submits this statement for the pr is board of directors. I hereby accept	urpose of changing the appointment as	its registered registered	
			~~					-11 -1-		_ _
<u> </u>	Signature, typed or printed name of registered as		(NOTE: Re		nt signature	required w	hen reinstating)	DATE OF THE CONTRACTOR	TORS IN 12	<u>@</u>
12.	Signature, typed or printed name of registered as OFFICERS A	ND DIRECTORS		13.	nt signature	required w	nen reinstating) ADDITIONS/CHANGES TO OFFI			12 Josi
12. πιε	Signature, typed or printed name of registered at OFFICERS A	ND DIRECTORS	(NOTE: RE	13. 1.1 TITLE	nt signature	required w		CERS AND DIREC		12 (11/98)
12. TITLE NAME	Signature, typed or printed name of registered as OFFICERS A P LOWE, PATRICIA M	ND DIRECTORS		13. 1.1 TITLE 1.2 NAME	· ·			CERS AND DIREC		/ ~
12. TITLE NAME STREET ADDRESS.	Signature, typed or printed name of registered as OFFICERS A P LOWE, PATRICIA M 4784 FAIRSUN ST	ND DIRECTORS		13. 1.1 TITLE 1.2 NAME 1.3 STREET	T ADDRESS			CERS AND DIREC		107
12. TITLE NAME STREET ADDRESS. CITY-ST-ZP	P LOWE, PATRICIA M 4784 FAIRSUN ST COCOA FL 32927	ND DIRECTORS		13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-5	T ADDRESS			CERS AND DIREC	ge □ Addi	R2F034
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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 informat indicated on this annual report or suppliemental 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 corpoyalism of 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 propose an address, with all other like empowered.

SIGNATURE: