PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Køtherine Harris

Secretary of State

FILED Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90007 021 ***150.00

DOOL	1999				DRPOR			- _		
DOCO	MENT #	P98000	00	0397						
1. Corporation	n Name	& MAINTENAN]		
DUCAN	ID OFFICIALISE	X OR IARVITATE AVIA	102,	1110.				A PROGRESS (12 FORE) (121) PORT (121)	20 117 20 117 20117 271	NA 1801 1880 2881
Principal Plac	e of Business		Mi	ailing Address				- F (#Alt#9: ith ifift frit navi arm: mit	BATTA BATAN BATAN III	10 (211) 1001 1001
1901 FALLON			P.(O. BOX 100648						
PALM BAY FL			PA	LM BAY FL 32910-0648				DO NOT WRITE IN	THIS SDACE	
	•							3. Date incorporated or Qualifed	INIO OFACE	
		•						01/01/1998		_
2. Principal Place of Business			28.	2a. Mailing Address				4. FEI Number		oplied For
<u> </u>			26					59-3484557		Not Applicable
Suite, Apt.	#, etc	and the second		Suite, Apt. #, etc.	. =/		, ,	5. Certificate of Status Desired		Additional Reguland
22			27	City & State		=		6. Election Campaign Financing		O May Be
City & Stat	te		28	City & State				Trust Fund Contribution		ito Fees
Zip		Country	20	Zlp	Cou	ntry		8. This corporation owes the current year	ar Intangible	
24	25	•	29	3	10			Personal Property Tax.	Yes	No
	9. Name and	Address of Current	Regis	tered Agent		04 11		10. Name and Address of New Registe	red Agent	
ACC	TA ILIAN E					81 Nas	me			
acosta, Juan E 1901 Fallon Blvd. N.E.				82 Street Add			eet Addre	ess (P.O. Box Number is Not Acceptable)	_	
	M BAY FL 329					83				
								<u> </u>	1001 75	
						84 City			FL " "	Code
11. Pursuant	to the provisions	of Sections 607.0502	and 6	07.1508, Florida Statutes	the a	bove-narr	200 0000	pration submits this statement for the purpos	se of changing li	is registered
office or I	registered agent.	as both in the Cista a					uen coibe			
agent, i a	m familiar with, a	nd accept the obligation	ons of	da, Such change was suti Saction 607,0505, Florid	horized la Stati	I by the c utes.	corporatio	n's board of directors. I hereby accept the a	ppointment as I	registerea
								pration submits this statement for the purpos in's board of directors. I hereby accept the s		registered
SIGNATURE		nted name of registered agent	and title	l'epplicable. (NOTE: R	Registered			when reinstating) DAT	TÉ	
SIGNATURE	Signature, typed or pri		and title	l'epplicable. (NOTE: R		Agent signal	ture required		TÉ	ORS IN 12
SIGNATURE 12.	Signature, typed or pri	nted name of registered egent OFFICERS AND	and title	if applicable. (NOTE: R	tegistered	Agent signal	ture required	(when reinstating) DAY ADDITIONS/CHANGES TO OFFICER	S AND DIRECT	ORS IN 12
SIGNATURE	Signature, typed or pri	oted name of registered egent OFFICERS AND	and title	if applicable. (NOTE: R	13. 1.1 TI 1.2 NV	Agent signal	ture required	(when reinstating) DAY ADDITIONS/CHANGES TO OFFICER	S AND DIRECT	ORS IN 12
SIGNATURE 12. TITLE	Signature, typed or pri	OFFICERS AND AN E N BLVD.	and title	Fepolicable. (NOTE: R CTORS	13. 1.1 77 1.2 N/ 1.3 ST	Agent signal	ture required	(when reinstating) DAY ADDITIONS/CHANGES TO OFFICER	S AND DIRECT Change	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	D ACOSTA, JU 1901 FALLO	OFFICERS AND AN E N BLVD.	and title	if applicable. (NOTE: R	13. 1.1 71 1.2 N/ 1.3 S1 1.4 Cl 2.1 TI	Agent signal TLE VAIC TREET ADDRI TY-ST-ZIP	ture required	(when reinstating) DAY ADDITIONS/CHANGES TO OFFICER	S AND DIRECT	ORS IN 12
SIGNATURE 12. TITLE HAME STREET ADDRESS CITY-ST-ZIP	D ACOSTA, JU 1901 FALLO	OFFICERS AND AN E N BLVD.	and title	Fepolicable. (NOTE: R CTORS	13. 1.1 TI 1.2 NV 1.3 SI 1.4 CI 2.1 TI 2.2 NV	Agent signal TLE TABLE TABLE TY-ST-ZIP TLE TME	eure required	(when reinstating) DAY ADDITIONS/CHANGES TO OFFICER	S AND DIRECT Change	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS	D ACOSTA, JU 1901 FALLOI PALM BAY F	OFFICERS AND AN E N BLVD.	and title	Fepolicable. (NOTE: R CTORS	13. 1.1 TT 1.2 NV 1.3 ST 1.4 CI 2.1 TT 2.2 NV 2.3 ST	Agent signal TLE TABLE TY-ST-ZIP TLE TREET ADDRE	eure required	(when reinstating) DAY ADDITIONS/CHANGES TO OFFICER	S AND DIRECT Change	ORS IN 12
SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZP ITILE NAME STREET ADDRESS CITY-ST-ZP	D ACOSTA, JU 1901 FALLOI PALM BAY F	OFFICERS AND AN E N BLVD.	and title	Vepplicable. INDTE: R CTORS DELETE DELETE	13. 1.1 Tr 12 N/ 1.3 ST 1.4 Cr 2.1 Tr 2.2 N/ 2.3 ST 2.4 Cr	Agent signal FILE MAE TY-ST-ZIP TLE MAE TREET ADDRI TY-ST-ZIP TREET ADDRI TY-ST-ZIP	eure required	(when reinstating) DAY ADDITIONS/CHANGES TO OFFICER	S AND DIRECT Change	ORS IN 12 De Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE TITLE TITLE TITLE	D ACOSTA, JU 1901 FALLOI PALM BAY F	OFFICERS AND AN E N BLVD.	and title	Fepolicable. (NOTE: R CTORS	13. 1.1 Π 1.2 N 1.3 ST 1.4 CI 2.1 Π 2.2 N 2.3 ST 2.4 C 3.1 Π	Agent signal TLE UME TY-ST-ZIP TLE UME TY-ST-ZIP TLE TY-ST-ZIP TLE TY-ST-ZIP	eure required	(when reinstating) DAY ADDITIONS/CHANGES TO OFFICER	S AND DIRECT Change	ORS IN 12 De Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME TITLE NAME NAME	D ACOSTA, JU 1901 FALLOI PALM BAY F	OFFICERS AND AN E N BLVD.	and title	Vepplicable. INDTE: R CTORS DELETE DELETE	13. 1.1 Π 1.2 N 1.3 S1 1.4 CI 2.1 Π 2.2 N 2.3 S1 2.4 C 3.1 Π 3.2 N	Agent signal TLE UME TY-ST-ZIP TLE UME TY-ST-ZIP TLE TY-ST-ZIP TLE TY-ST-ZIP	ESS	(when reinstating) DAY ADDITIONS/CHANGES TO OFFICER	S AND DIRECT Change	ORS IN 12 De Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS	D ACOSTA, JU 1901 FALLOI PALM BAY F	OFFICERS AND AN E N BLVD.	and title	Vepplicable. INDTE: R CTORS DELETE DELETE	13. 1.1 TI 12.NV 1.3 S1 1.4 CI 2.1 TI 2.2 NV 2.3 S1 2.4 CC 3.1 TI 3.2 NV 3.3 S1	Agent signal TLE TABLET ADDRI TY-ST-ZIP TREET ADDRI TY-ST-ZIP TREET ADDRI TY-ST-ZIP TREET ADDRI TY-ST-ZIP TREET	ESS	(when reinstating) DAY ADDITIONS/CHANGES TO OFFICER	S AND DIRECT Change	ORS IN 12 DAddition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME TITLE NAME NAME	D ACOSTA, JU 1901 FALLOI PALM BAY F	OFFICERS AND AN E N BLVD.	and title	Vepplicable. INDTE: R CTORS DELETE DELETE	13. 1.1 TI 12.NV 1.3 S1 1.4 CI 2.1 TI 2.2 NV 2.3 S1 2.4 CC 3.1 TI 3.2 NV 3.3 S1	Agent signal FILE MAGE TY-ST-ZIP TLE TREET ADDRI TY-ST-ZIP TLE TREET ADDRI TY-ST-ZIP TLE TREET ADDRI TREET ADDRI TREET ADDRI TREET ADDRI TREET ADDRI TY-ST-ZIP	ESS	(when reinstating) DAY ADDITIONS/CHANGES TO OFFICER	S AND DIRECT Change	ORS IN 12 De Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP CITY-ST-ZP	D ACOSTA, JU 1901 FALLOI PALM BAY F	OFFICERS AND AN E N BLVD.	and title	Veppicable. INDIE: R CTORS DELETE DELETE DELETE	13. 1.1 TT 1.2 NV 1.3 ST 1.4 CI 2.2 NV 2.2 3 ST 2.4 CC 3.1 TT 3.2 NV 3.3 ST 3.4. CC 4.1 TT 4.2 NV	Agent signal TIE MAE TY-ST-ZIP TIE MAE TY-ST-ZIP TIE MAE TY-ST-ZIP TIE TY-ST-ZIP TIE TY-ST-ZIP TY-ST-ZIP TY-ST-ZIP TY-ST-ZIP TY-ST-ZIP TY-ST-ZIP	ESS ESS	(when reinstating) DAY ADDITIONS/CHANGES TO OFFICER	S AND DIRECT Change	ORS IN 12 De Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE	D ACOSTA, JU 1901 FALLOI PALM BAY F	OFFICERS AND AN E N BLVD.	and title	Peppikable INDTE R CTORS DELETE DELETE DELETE	13. 1.1 TT 1.2 NV 1.3 ST 1.4 CI 2.2 NV 2.2 3 ST 2.4 CC 3.1 TT 3.2 NV 3.3 ST 3.4. CC 4.1 TT 4.2 NV	Agent signal TIE ME TIVET ADDRI TIVET	ESS ESS	(when reinstating) DAY ADDITIONS/CHANGES TO OFFICER	S AND DIRECT Change	ORS IN 12 De Addition Addition
SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP	D ACOSTA, JU 1901 FALLOI PALM BAY F	OFFICERS AND AN E N BLVD.	and title	Peppikable INDTE R CTORS DELETE DELETE DELETE	13. 1.1 TI 12 NV 13.51 14 CI 2.1 TI 22 NV 2.3 ST 2.4 CC 3.1 TI 32 NV 33.51 34.CC 4.1 TI 4.2 NV 4.3 ST 4.4 CC 4.4 TI 4.4 CC 4.4 TI 4.4 CC 4.4 TI 4.5 T	Agent signal FILE MAE REET ADOR TY-ST-ZIP REET ADOR TY-ST-ZIP RE TY-ST-ZIP	ESS ESS	ADDITIONS/CHANGES TO OFFICER	S AND DIRECT Change	ORS IN 12 Addition Addition
SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZP TITLE	D ACOSTA, JU 1901 FALLOI PALM BAY F	OFFICERS AND AN E N BLVD.	and title	Peppikable INDTE R CTORS DELETE DELETE DELETE	13 1.1 TI 12.NN 1.3 ST 14.CI 2.1 TI 22.NN 2.3 ST 2.4 CC 3.1 TI 32.NN 3.3 ST 4.2 NN 4.2 NN 4.3 ST 4.4 CC 5.1 TI	Agent signal FILE MAC IRLEET ADOR TY-ST-ZIP TILE MAC IRLEET ADOR ITY-ST-ZIP TILE MAC IRLEET ADOR ITY-ST-ZIP TILE MAC IRLEET ADOR ITY-ST-ZIP TILE TY-ST-ZIP TILE TY-ST-ZIP TILE	ESS ESS	ADDITIONS/CHANGES TO OFFICER	S AND DIRECT Change	ORS IN 12 Addition Addition
SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME	D ACOSTA, JU 1901 FALLOI PALM BAY F	OFFICERS AND AN E N BLVD.	and title	Peppikable INDTE R CTORS DELETE DELETE DELETE	13 1.1 TI 12.NN 1.3 ST 14.CI 2.1 TI 2.2 NI 2.3 ST 2.4 CC 3.1 TI 3.2 NN 3.3 ST 4.2 NI 4.2 NI 4.3 ST 4.4 CC 5.1 TI 5.2 NI	Agent signal FILE MAE REET ADOR TY-ST-ZIP TLE MAE REET ADOR TY-ST-ZIP TLE MAE REET ADOR TY-ST-ZIP TLE MAE TY-ST-ZIP TLE MAE TY-ST-ZIP TLE MAE TY-ST-ZIP TLE MAE	ESS ESS	ADDITIONS/CHANGES TO OFFICER	S AND DIRECT Change	ORS IN 12 Addition Addition
SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS	D ACOSTA, JU 1901 FALLOI PALM BAY F	OFFICERS AND AN E N BLVD.	and title	Peppikable INDTE R CTORS DELETE DELETE DELETE	13 1.1 TI 12.NN 1.3 ST 14.CI 2.1 TI 2.2 NN 2.3 ST 2.4 CC 3.1 TI 3.2 NN 4.2 NN 4.3 ST 4.4 CC 5.1 TI 5.2 NN 5.3 ST 5.3 S	Agent signal FILE MAE REET ADOR TY-ST-ZIP REET ADOR TY-ST-ZIP REET ADOR TY-ST-ZIP TILE MAE REET ADOR TY-ST-ZIP TILE MAE REET ADOR TY-ST-ZIP TILE MAE TREET ADOR TY-ST-ZIP TILE MAE TREET ADOR TILE TREET ADOR TILE TREET ADOR	ESS ESS	ADDITIONS/CHANGES TO OFFICER	S AND DIRECT Change	ORS IN 12 Addition Addition
SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP	D ACOSTA, JU 1901 FALLOI PALM BAY F	OFFICERS AND AN E N BLVD.	and title	Peppikable INDTE R CTORS DELETE DELETE DELETE	13 1.1 TI 12.NN 1.3 ST 14.CI 2.1 TI 2.2 NN 2.3 ST 2.4 CC 3.1 TI 3.2 NN 4.2 NN 4.3 ST 4.4 CC 5.1 TI 5.2 NN 5.3 ST 5.3 S	Agent signal FILE MAE REET ADOR TY-ST-ZIP RE MAE REET ADOR TY-ST-ZIP RE TREET ADOR TY-ST-ZIP	ESS ESS	ADDITIONS/CHANGES TO OFFICER	S AND DIRECT Change	ORS IN 12 Addition Addition Addition
SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZP TITLE	D ACOSTA, JU 1901 FALLOI PALM BAY F	OFFICERS AND AN E N BLVD.	and title	Peppikable (NOTE: R CTORS DELETE DELETE DELETE	13 1.1 TI 12.NN 1.3 ST 14.CI 22 N. 2.3 ST 2.4 CC 3.1 TI 32.NN 3.3 ST 4.2 N. 4.2 N. 4.3 ST 4.4 CC 5.1 TI 5.2 N. 5.3 ST 5.4 CC 5.4 CC 5.4 CC 5.4 CC 5.5 ST 5.5 ST 5.4 CC 5.5 ST 5.4 CC 5.5 ST	Agent signal FLE MAE IREET ADOR ITY-ST-ZIP ILE MAE IREET ADOR ITY-ST-ZIP ILE AME IREET ADOR ITY-ST-ZIP ILE MAE IREET ADOR ITY-ST-ZIP ILE IREET ADOR ITY-ST-ZIP ILE IREET ADOR ITY-ST-ZIP ILE IREET ADOR ITY-ST-ZIP ILE	ESS ESS	ADDITIONS/CHANGES TO OFFICER	S AND DIRECT Change Change	ORS IN 12 Addition Addition Addition
SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP	D ACOSTA, JU 1901 FALLOI PALM BAY F	OFFICERS AND AN E N BLVD.	and title	Peppikable (NOTE: R CTORS DELETE DELETE DELETE	13 1.1 TI 12.NN 1.3 ST 14.CI 2.1 TI 2.2 NN 2.3 ST 2.4 CC 3.1 TI 3.2 NN 4.2 NN 4.3 ST 4.4 CC 5.1 TI 5.2 NN 5.3 ST 5.4 CI 6.1 TI 6.2 NN	Agent signal FLE MAE IREET ADOR ITY-ST-ZIP ILE MAE IREET ADOR ITY-ST-ZIP ILE AME IREET ADOR ITY-ST-ZIP ILE MAE IREET ADOR ITY-ST-ZIP ILE IREET ADOR ITY-ST-ZIP ILE IREET ADOR ITY-ST-ZIP ILE IREET ADOR ITY-ST-ZIP ILE	ESS ESS ESS ESS	ADDITIONS/CHANGES TO OFFICER	S AND DIRECT Change Change	ORS IN 12 Addition Addition Addition

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 earl; 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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

LOS PRINTES NAME OF SIGNERS OFFICER ON DIRECTOR