

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9800001060 1. Corporation Name

## **FILED** Apr 23, 1999 8:00 am Secretary of State 04-23-1999 90223 020 \*\*\*150.00

Principal Place of Business  711 W, INDIANTOWN RD. #B3  JUPITER FL 33458  2. Principal Place of Business  2. Principal Place of Business  2. Suite, Apt. #, etc.  22  City & State  23  Zip  Country  Zip  Country  Zip  Country  Mailing Address  24  Suite, Apt. #, etc.  27  City & State  Zip  Country				DO NOT WRITE IN THIS S  3. Date incorporated or Qualifed 01/02/1998 4. FEI Number 65-0806225 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution  8. This corporation owes the current year Intar	\$8.75 Fee R Added	upplied For lot Applicable Additional Required	
24 25	29	30	<u>,</u>		_1	Yes	□No
9: Name and Address of Current I	Registered Agent		041	Nome	10. Name and Address of New Ragistered A	gent	
FINCHAM, PAMELA 711 W. INDIANTOWN RD. #B3 JUPITER FL 33458			81 82 83 84	City	ss (P.O. Box Number is Not Acceptable)  FL   85   Zip Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE							
12. OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12
TITLE PROS NAME PAMOLA J. J. WChAM STREET ADDRESS 711 W. INDIAN DOWN	DELETE	1.1 T 1.2 N 1.3 S	TREET	ADORESS		Change	Addition
SINCE TAUNCOSTO TO	AM SHE BB	2.1 T 2.2 A 2.3 S	WHE TREET	ADORESS		☐ Change	Addition
CITY ST-ZIP JUPLES TITLE NAME STREET ADDRESS	DELETE	3.1 T 3.2 A 3.3 S	AME TREET	ADORESS		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	☐ DELETE	4.1 Y 4.27 4.3 S	NAME TREET	ADDRESS		☐ Change	Addition
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	☐ DELETE	5.1 T 5.2 A 5.3 \$	AME	ADDRESS		Change	Addition
CITY-ST-ZIP  ITTLE  NAME  STREET ADDRESS  CITY-ST-ZIP	☐ DELETE	6.1 T 6.2 N 6.3 S 6.4 C	ITLE IAME TREET	ADDRESS	section 119.07(3)(i). Florida Statutes. I further certil	☐ Change	

r interest certary treat the single-ment what the single-ment what the single-ment and secure the single-gal effect as if made under oath; that I am an officer or director of the corporation of the receiver or furstee empowered to execute this report as required by Chapter 607. Floride Statutes, and that my name appears in Block 12 or Block 13 if changed error an analysis and that my name address, with all other like empowered.