## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** 



FLORIDA DEPARTMENT OF STATE

## May 10, 1999 8:00 am

ANNU	JAL REPORT  1999	Sec DIVISION	retary of State OF CORPORATIONS	Secretary of State 05-10-1999 90240 027 ***158.75	
DOCU 1. Gorporatio	MENT # P98 m Puter So	0000012	72		
,Cc	Imputer So	Hellite, -	V \ C		
Principal Plac		Mailing Address			
2308	50 Dewith Dr	23080	Dewitt Dr.		
Brook	(suille, Fl 3460	1 Brooks	silk Fl	DO NOT WRITE IN THIS SPACE	
0.00		Dr Volks.	34601	3. Date Incorporated or Qualified	
2 Principal P	lane of Dunings	2a. Mailing Address		January 7, 1998  4. FEI Number / Applied	For
2. Principal P	lace of Business	26 Vialing Address		Not Applied	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		\$8.75 Addition	
22		27		Fee Require	
City & Stat	е	City & State		6. Election Campaign Financing \$5.00 May Trust Fund Contribution Added to Fee	
23	Country	28   Zip	Country	8. This corporation owes the current year Intangible	75
24	25	29	30	Personal Property Tax. Yes No	0
	9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Registered Agent	
	Ameril	-awyer	81 Name	Victoria Kichards	
}	2/12 Alme	eria Au-e	82 Street A	Address (P.O. Box Number is Not Acceptable)	1
	595 1000	es, Fl 3313	2 L 83	0 80 200111 21:	
	Coral Euro	3313	84 City	85 Zip Code	
			<u>  ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~</u>	rooksui 119 FL   3460	· .
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 re	equired when reinstating)  DATE	<b>-</b>   .
12.	<u> </u>	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	,
TITLE	President	DELETE	N I	☐ Change ☐	) Addition
NAME	Wintonia HiC	chard5	1.2 NAME		
STREET ADDRESS	23080 Dewitt	Original 346	1.3 STREET ADDRESS		] [
CITY-ST-ZIP	bro	DELETE	2.1 TITLE	☐ Change ☐	Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Change -	Addition
TITLE		DELETE	<b>X</b> - (	Change	Addition
NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	l:		3.4. CITY-ST-ZIP		
TITLE		DELETE		☐ Change ☐	Addition
NAME			4 2 NAME		
STREET ADDRESS			4,3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	☐ Change ☐	Addition
TITLE NAME			5.2 NAME		
NAME STREET ADDRESS			5,3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE		☐ Change	Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		-
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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

SIGNATURE:

CR2E034 (11/98)