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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90004 028 ***150.00

DOCUMENT # P9800003002

rincipal Place of Business	Mailing Address			
301 S. BRONOUGH STREET TALLAHASSEE FL 32301	301 S. BRONOUGH STREET TALLAHASSEE FL 32301			
2. Principal Place of Business	2a. Mailing Address 26 Po Box 10923			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			
- ·	· ^ 27			
22	City & State 28 TALLAHASSEE FL			

DO NOT WRITE IN THIS SPACE

Applied For Not Applicable \$8.75 Additional Fee Required

6. Flection Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution

8. This corporation owes the current year Intangible ☐ Yes

₂₉ 52302 Personal Property Tax. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent

SAUNDERS, RON 201 S. MONROE STREET SUITE 500 TALLAHASSEE FL 32301

	Tarre and Address of			
Name				
Street Address (P.0). Box Number is Not A	(cceptable)		
···				
City		FL	85	Zip Code
	Street Address (P.C	Street Address (P.O. Box Number is Not A	Street Address (P.O. Box Number is Not Acceptable)	Street Address (P.O. Box Number is Not Acceptable) City 85

3. Date Incorporated or Qualifed

59 - 349277 I

5. Certifcate of Status Desired

01/12/1998 4. FEI Number

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 a	m familiar with, and accept the obligations of, S	ection bur.0505, Flon	ga Statutes.		÷		
SIGNATURE	Signature, typed or printed name of registered agent and title if a	pplicable (NOTE: I	Registered Agent signature i	equired when reinstating)	DATE		
12.	OFFICERS AND DIRECT		13.		HANGES TO OFFICERS AN		
TITLE	D	☐ DELETE	1.1 TITLE	PRESIDENT /D		Change	☐ Addition
NAME	SAUNDERS, RON		1.2 NAME				
STREET ADDRESS	P.O. BOX 10923 N/A		1.3 STREET ADDRESS	201 S. MONZOE !	ST , SWITE 500		
CITY-ST-ZIP	TALLAHASSEE FL 32302		1.4 CITY-ST-ZIP	TALLAHASSEE			
TITLE		☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP	- <u> </u>		2.4 CITY-ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE		·-	Change	☐ Addition
NAME			3.2 NAME				,
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS	}			
CITY-ST-ZIP			4.4 CITY-ST-ZIP	L			
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS		•	5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
OFFICE TIP			6.4 CITY-ST-ZIP	1			

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 changing or open attackment with an address, with all other like empowered.

SIGNATURE:

411162

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