PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000005798

1. Corporation Name

FILED May 01, 1999 8:00 am Secretary of State

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100001112						[IN THIS	SPACE		
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2. Principal Place of Business			Za. Mailing Address				4. FEI N	9353/:	500	_	———	pplied For ot Applicable
21			Suite, Apt. #, et	44	<u> </u>			<u> </u>	<u> </u>			Additional
Suite, Apt.	#, etc.	-	27	lt.			5. Certif	fcate of Status De	sired		•	equired
22 - City & \$101	19		_City & State				6 - Flact	tion Campaign Fin	ancina		\$5.00	May Be
23	-		28					t Fund Contributio	-			to Fees
Zip	Countr		Zip	Co	xuntry		8. This	corporation owes	the currer	nt year Int	angible	
24	25	1	29	30			Perso	onal Property Tax			Yes	□No
	9. Name and Addre	ss of Current Re	gistered Agent		\bot	,	10. Nam	e and Address o	I New Re	gistered.	Agent	
					81	Name						
ZITO, GARY					82	Street A	Address (P.O. B	ess (P.O. Box Number is Not Acceptable)				
•	D8 BOX DRIVE											
HUU	SON FL 34667				83			,				
					84	City				- 1	85 Zip	Code
								•		FL	. ! !	
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11. Pursuant	to the provisions of Sec	tions 607.0502 an	d 607.1508, Florida	Statutes, the	above ed by	-named of the corpo	corporation subm ration's board of	mits this statement f directors. I heret	for the poy accept	urpose of the appoi	changing it	s registered egistered
11. Pursuant office or r agent. I a	to the provisions of Sec registered agent, or both im familiar with, and acc	tions 607.0502 an , in the State of F ept the obligations	nd 607.1508, Florida lorida. Such change s of, Section 607.050	Statutes, the was authorized of Florida Sta	above ed by stutes	e-named of the corpo	corporation subm ration's board o	mits this statement f directors. I heret	for the poy accept	urpose of the appoi	changing it ntment as n	s registered egistered
11. Pursuant office or ragent. I a	to the provisions of Sec registered agent, or both am familiar with, and acc								for the poy accept		changing it ntment as n	s registered egistered
SIGNATURE	Signature, lyped or printed nam	e of registered agent and	tide il applicable.	(NOTE: Register	ed Ager		rquired when reinstation	<i>x</i> 3)		DATE		
SIGNATURE	Signature, typed or printed name		tide il applicable.	(NOTE: Register	ed Ager		rquired when reinstation			DATE		ORS IN 12
SIGNATURE 12.	DPVST	o of registered agent and DEFICERS AND D	INTO H SEPECABLE.	(NOTE: Registers 13 ETE 1.1	ed Ager		rquired when reinstation	<i>x</i> 3)		DATE	ID DIRECT	ORS IN 12
SIGNATURE 12.	DPVST GARY M.	o di regissimo opera and DEFICERS AND D ZITO DRIVE	NYS H SEPTEMBLE. INTECTORS DELI	(NOTE Register 13 ETE 1.1 1.2	I. TITLE		rquired when reinstation	<i>x</i> 3)		DATE	ID DIRECT	ORS IN 12
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14. 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 suppliemental annual report is true and occurate 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 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, or do an attachment with an address with all other like empowered.

727-869-6584