AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED Jul 19, 1999 8:00 am Secretary of State

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| Principal Place | e of Business | - | | Aailing | Address | | | | | i asini sahih a | 111 3 21323 3 | 1916 191 | 10 1121 1031 |
| 3 OLD DAYTO | | | 53 | OLD | DAYTONA RD | | | | , | | | | |
| ELAND FL 327 | 724 | | DE | ELAND | FL 32724 | | | | DO NOT WRIT | E IN THIS | SPACE | | |
| | | | | | | | | | 3. Date incorporated or Qualified | | | | |
| | | | | | | | | | 01/20/1998 | | | | |
| t. Principal Place of Business | | | | 2a. Mailing Address | | | | | 4. FEI Number 59-357080 | | } | | ed For Applicable |
| Suite, Apt. | # ata | | 26 | | e, Apt. #, etc. | ····· | | | | 2.3 | \$8.7 | | ditional |
| SUILE, Apr. | #, e16. | | 27 | • | o, rupt, m, oto. | | | | 5. Certificate of Status Desired | | | Requ | |
| City & State | le | | - E | | & State. | | | | 6. Election Campaign Financing | | | | ay Be |
| 3 | | | 28 | | | | | | Trust Fund Contribution | <u> </u> | Add | ed to | Fees |
| Zip J | | Country | - | Zip 1 | | 30 Cou | intry | | This corporation owes the curre Intangible Personal Property. | | Yes | | No |
| 4 | | and Address of Curi | 29 rent Regi | stered | Agent | 1901 | Γ_ | | 10. Name and Address of New R | = | | | |
| | | | | | | | 81 | Name | | | | | |
| | NSON, DAN | _ | - | | | | 82 | Street Add | iress (P.O. Box Number is Not Acceptal | bie) | | | |
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| | | | | | | | d by t | named corporati | oration submits this statement for the put tion's board of directors. I hereby accept | | | s regis | itered itered |
| SIGNATURE | Signature, typed t | y printed name of registered of OFFICERS | agent and 6% AND DIR | e if explo | able. | (NOTE: Registe | d by tutes. | named corporati | oration submits this statement for the put tion's board of directors. I hereby accept quired when remetaling) ADDITIONS/CHANGES TO OFF | rpose of ch the appoin | anging literant a | TOR | S IN 12 |
| SIGNATURE | Signature, typed t | y printed name of registered of OFFICERS | agent and 6% AND DIR | e if explo | able. | (NOTE: Registe 13. | d by tutes. | named corporati | quired when reinstating) | rpose of ch the appoin | anging li | TOR | |
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