PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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

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JACKSONMILE FL 32254-3744 JACKSONMILE FL 32254-3744		DO NOT W	RITE IN THIS SPA	CE	
		3. Date Incorporated or Qualife	····		
		01/28/1998			!
2. Principal Place of Business , 2a. Mailing Address		4. FEI Number	-/	Applied F	or
27 1219 Blanding Blvd es		59-34912	1.56	Not Appli	
Sulte, Apt. #, etc. Sulte, Apt. #, etc.		5. Certificate of Status Desired	\$ {	8.75 Addition Fee Required	
22 City & State City & State		5 5 V S S S S S S S S S S S S S S S S S			
23 LOYICA 28 State		Election Campaign Financin Trust Fund Contribution		5.00 May 8 Added to Fees	
	Country	8. This corporation owes the co	urrent year Intangit	He .	
24 32065 25 Clay 29 30		Personal Property Tax.		fes □No	
9. Name and Address of Current Registered Agent		10. Name and Address of Nev	v Registered Ager	nt	
DUI C DEDMINE W	81 Name				}
RULE, BERNICE W 4780 ROSSELLE ST		ddresa (P.O. Box Number is Not Acce	ptable)		
JACKSONVILLE FL 32254-3744	83				
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	84 City		i o z	Zip Code	
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11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the	""	orporation submits this statement for the	FL .		red
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authorized the collections of Section 607.0505. Florida State of Florida Stat	e above-named c	orporation submits this statement for the atoms board of directors. I hereby according to the statement for the atoms of the statement for t	FL		red d
agent. I am ramular with, and accept the obligations of, Section 607.0505, Pionoa 50	e above-named c	orporation submits this statement for the ation's board of directors. I hereby acc	FL The purpose of chancept the appointment 123/99		red d:
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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.

6.4 C/TY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP