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

CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

00000 9851 **DOCUMENT #** 

1. Corporation Name

FILED
May 13, 1999 8:00 am
Secretary of State
05-13-1999 90020 009 \*\*\*150.00

CATICHENTER	JARRY ETTICKE			
Principal Place of Business	Mailing Address			
121.50	ANCISH MASS IA	·0C1=		
1000 97	770 7871 1-1033 24	7V Z-	DO NOT WRITE IN TH	HIS SPACE
PORTE	ANISH MOSS LA VLDKA BLEACH, FL	32082	3. Date Incorporated or Qualifed	-
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21]	26		19-3569732	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28	<u></u>	Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year	
4 25	·	30	Personal Property Tax.	Yes No
9. Name and Addres	s of Current Registered Agent	81 Name	10. Name and Address of New Registere	d Agent
100	110.5 50	o i ivame		
EPRIC G. C.		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
104 31MM	SH MOSS LANG	83		
PONTE VED	LA BEACH IL 3200	الريخ 194 ما		ne Zin C-de
		84 City	F	85 Zip Code
office or registered agent, or both, i	ns 607.0502 and 607.1508, Florida Statute n the State of Florida. Such change was au of the obligations of, Section 807.0505, Flor	uthorized by the corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its registered pointment as registered
× - 0	O LAA	log Olditales.	4/22	190
SIGNATURE Signature of Printer Page 0	Manager Regulary and Charpelicane (NOTE:	Registered Agent signature require	d when reinstating) DATE	
12. OF	FICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE 7/6/57	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME LERIC G.	CARPENTER	1.2 NAME		
STREET ADDRESS 10 LL SPAN	1SH MOSS LANCE	1 3 STREET ADDRESS		
CITY-ST-ZIP PONTE VET	RA BEACH FL 32082	14 CITY-ST-ZIP		
TITLE VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
	LE CARPLENTER	2.2 NAME		
STREET ADDRESS 104 SPAT	VISH MOSS LANCS	2.3 STREET ADDRESS		
CITY-ST-ZIP PONTES VED.	RA BLOACH, ITL 32082	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		
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		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		
	supplied with this filing does not qualify for		Section 119.07(3)(i), Florida Statutes. I further of	ertify 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, soon an attachment with an address, with all other like empowered.

SIGNATURE: