| PRO CORPOF ANNUAL I 199 | OFIT RATION REPORT | | R MAY 1ST IS FLORIDA DEPAR [*] Katherin Secretary Division of Co | TMENT OF STATE • Harris of State | Mar 11, Secreta | LED 1999 8:0 ry of Sta 20152 028 ***150. | ite |
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| DOCUME 1. Corporation Nam ACCIDENT / | le | 98000012 | 2042 | | | | |
| Principal Place of Bu | usiness | M | ailing Address | | | I NOTI ONTAL ISON LINTE RUTE O | ILULƏ ILUL IUQI |
| 1340 MALABAR ROAD | | | 40-MALABAR ROAD SE ** ILM BAY-FL-32009** | | | | |
| | | | | | DO NOT WRIT 3. Date Incorporated or Qualifed | E IN THIS SPACE | |
| | | | | | 02/05/1998 | | |
| 2. Principal Place of | f Business | 2a. | Mailing Address | | 4. FEI Number | | plied For |
| 1 1030 5 | S STATE | ERL 7 26 | <u>1030 5. 5.</u> Suite, Apt. #, etc. | TAte RE.7 | 59-3494411 | | Applicable |
| Suite, Apt. #, etc. |). | 27 | Suite, Api. #, etc. | | 5. Certifcate of Status Desired | Fee Rec | |
| City & Brate | ation | £1 28 | City anstate Antatio | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 Added to | |
| Zip | Countr | τά / - - | | Country 30 Beowar | 8. This corporation owes the curre Personal Property Tax. | nt year Intangible | X No |
| <u>4 333/7</u> 9. | | ess of Current Regis | | SU DECONT | 10. Name and Address of New Re | | |
| 849014 | | | | 81 Name | • | | |
| BURCH, L | | F | | 82 Street A | ddress (P.O. Box Number is Not Acceptal | | |
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| | labar road s X FL 32909 - | £ | | 83 | | | |
| | | L | | 83 | | 85 Zip C | ode |
| PALM BA | Y FL 32909 ~ | | 202 J. CO. 11. 14. Ok. 14. | 83 84 City | Constation | FL 85 Zip C 33 | <u>317</u> |
| - PALM BA | Y FL 32909 ~ | | 507.1508, Florida Statute da. Such change was au 6 Section 607.0505 Flori | 83 84 City | Constation | FL 85 Zip C 33 | <u>317</u> |
| PALM BA The second se | Y FL 32909 ~ | | da. Such change was au f, Section 607.0505, Flori | 83 84 City 8, the above-named c thorized by the corpor ida Statutes. | corporation submits this statement for the pration's board of directors. I hereby accept | FL 85 Zip C 33 purpose of changing its the appointment as reg 39-9 | <u>317</u> |
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SIGNATIONE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #