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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999

FILED Apr 26, 1999 8:00 am Secretary of State 04-26-1999 90096 041 ***150.00

21 28	pplied For ot Applicable
Principal Place of Business	pplied For ot Applicable
Principal Place of Business Mailing Address PO BOX 500515 PO BOX 500515 MARATHON FL 33050 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/12/1998 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65 71/16 Not A Appli 21 26 Suite, Apt. #, etc. 5. Certifcate of Status Desired \$8.75 Ad 22 27 Fee Requ	pplied For ot Applicable
Principal Place of Business Mailing Address PO BOX 500515 PO BOX 500515 MARATHON FL 33050 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/12/1998 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65 71/16 Not A Appli 21 26 Suite, Apt. #, etc. 5. Certifcate of Status Desired \$8.75 Ad 22 27 Fee Requ	pplied For ot Applicable
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27 5. Certificate of Status Desired Fee Requ	Additional
City & State City & State 6. Election Campaign Financing \$5.00 M	May Be
23 Trust Fund Contribution Added to	to Fees
Zip Country Zip Country 8. This corporation owes the current year Intangible	
[24] [25] [30]	<u>U</u> No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name	
DRAKE CARLTON L. DRAKE	
82 Street Address (P.O. Box Number is Not Acceptable)	
MARATHON FL 33050	
84 City Marathon FL 85 Zip Co	Code 23 <i>0</i> 50
At Describing of Easting SOZ 0503 and SOZ 1508. Elevida Statutes the above named composition submits this statement for the purpose of changing its re-	s registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registance of florida such change was authorized by the corporation's board of directors. I hereby accept the appointment as registance of florida such change was authorized by the corporation's board of directors. I hereby accept the appointment as registance of florida such change was authorized by the corporation's board of directors. I hereby accept the appointment as registance of florida such change was authorized by the corporation's board of directors. I hereby accept the appointment as registance of florida such change was authorized by the corporation's board of directors. I hereby accept the appointment as registance of florida such change was authorized by the corporation's board of directors. I hereby accept the appointment as registance of florida such change was authorized by the corporation's board of directors. I hereby accept the appointment as registance of florida such change was authorized by the corporation's board of directors. I hereby accept the appointment as registance of florida such change was authorized by the corporation's board of directors. I have a province of the corporation of the corpor	
SIGNATURE	egistered (
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	egistered
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14. I hereby certify that the information supplied with this filling 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 of the receiver or trustee explosured to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or open attachment with an address with all other like empowered.

SIGNATURE: