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**

FILED 99 SEP 30 AM 8: 14

SECRETARY OF STATE TALLAHASSEE. PLORIDA

DOCUMENT # 198000017958

OFFICE OF BUSINESS

			DO NOT WRITE IN THIS SPACE		
CAME.			3. Date Incorporated or Qualifed		
2. Principal Place of Business 2a. Mailing Address 21 Pott RFIL, Las C. 26			4. FEI Number 45-0815965	Applied For Not Applicable	
21 COTTRELL, LNC. 26 Stitle Apt # etc. Suite, Apt #, etc. 22 /20 ELI 2ABETH AVE. 27 Cotte & State.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State City & State 23 WEST PALM BEACH, F1. 28		.,,	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
24 3340/ 25 U.S.A. 29	Country 30	Y	This corporation owes the current year I Personal Property Tax.	ntangible ☐ No	
Name and Address of Current Registered Agent			10. Name and Address of New Registere	d Agent	
STEVE COTTRELL,	81	Name			
11. 12 DAUIT & ROLL	82	Street Add	ress (P.O. Box Number is Not Acceptable)		
1212 VAVIS 10.	83				
	84	City		85 Zip Code	

11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered

agent La	m familiar with, an accept the obligations of Section 607.0505, Florid	la Statutes.	oration's board of directors, I hereby accept the appointment as register			
SIGNATURE	JANA TO THE TOTAL		9/-1/99			
April 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
12. *	OFFICERS AND DIRECTORS DELETE	1.1 TITLE		Addition		
	PRESILE POTTREIL					
NAME	STEVE	1.2 NAME				
STREET ADORESS	STEVE BITRELL, 4012 DAVIS Rd. LAKE WORTH, 11. 3346	1.3 STREET ADDRESS				
CTY-ST-ZIF	LAKE WOKFE, P1. 334 6/	1.4 CITY-ST-ZIP		7 446		
DIE	C) DELETE	2.1 TITLE] Addition		
NAME		2.2 NAME	000003010380	. p		
STREET ADORESS		2.3 STREET ADDRESS	000003010380 -10/08/9901090015			
CHEY STUZIE		2 4 CITY-ST-ZIP	****750.00 ****750.0			
TIEVE	☐ DELETE	3.1 TITLE	☐ Change ☐	Addition		
NAME		3.2 NAME		1		
5*RELET ADDRESS	· ·	3.3 STREET ADDRESS				
CITY ST-ZIF		3.4. CITY-ST-ZIP				
THUE	☐ DELETE	4.1 TITLE	Change	Addition		
NAME		4. 2 NAME				
S. PEET ADDRESS		4.3 STREET ADDRESS		J		
Cifn (ST-2)F		4.4 CITY-ST-ZIP				
TITLE	☐ DELETE	51 TITLE	Change	Addition		
NAME		52 NAME				
STREET ADORESS		5.3 STREET ADDRESS		1		
C-Tr-St-ZiP		5.4 CITY-ST-ZIP				
THE	☐ DELETE	6.1 TITLE	Change	Addition		
NAME.		6.2 NAME	1	<u> </u>		
S'RELTADORESS		6.3 STREET ADDRESS		.		
C/TY-SI-ZIP		6.4 CITY-ST-ZIP				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi), 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.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR