**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMEND OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED May 10, 1999 8:00 am Secretary of State 05-10-1999 90199 020 \*\*\*150.00

1999	-
DOCUMENT #  1. Corporation Name	P98000018428

2. Principal Place of Business  2a. Mailing Address  25. Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. City & State  27. Country  Zip  Country  Zip  Country  B. Table Country  P. Name and Address of Current Registered Agent  SPARKMAN, RICHARD D  307 AIRPORT PULLING RD NORTH  NALES FL 34104  83. Street Address (P. Stre	
225 COWBOY WAY EAST LABELLE FL 33935  2. Principal Place of Business 2. Amailing Address 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. City & State 2. City & State 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. City & State 3. Name and Address of Current Registered Agent 3. Name 3. Name and Address of Current Registered Agent 3. Name 4. Lity 4. Lity 5. Lity 6.	Date Incorporated or Qualifed  12/25/1998  EI Number  15 0906339  Certificate of Status Desired  S
2. Principal Place of Business  2a. Mailing Address  2b. Suite, Apt. #, etc.  Suite, Apt. #, etc.  2city & State  City & State  2sip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Suite, Apt. #, etc.  Suite, A	Date Incorporated or Qualifed  12/25/1998  EI Number  15 0906339  Certificate of Status Desired  S
2. Principal Place of Business  2a. Mailing Address  4. I  21  Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. City & State  City & State  City & State  Zip  Country  Zip  Country  Zip  Country  Zip  SparkMan, Richard D  307 AIRPORT PULLING RD NORTH  NALES FL 34104  STreet Address (P. Street Address of City  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation office or registered agent, or both, in the State of Floride, Such change was authorized by the corporation office or registered agent, or both, in the State of Floride, Such change was authorized by the corporation office or registered agent, or both, in the State of Floride, Such change was authorized by the corporation office or registered agent, or both, in the State of Floride, Such change was authorized by the corporation office or registered agent agent the Floride Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and the Floride Country  OFFICERS AND DIRECTORS  13.  A TIME  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  DELETE  21 TITLE  22 TITLE  23 T	Applied For Not Applicable  Certificate of Status Desired S8.75 Additional Fee Required  Clection Campaign Financing S5.00 May Be Added to Fees  This corporation owes the current year Intangible Personal Property Tax. Yes No.  Name and Address of New Registered Agent  D. Box Number is Not Acceptable)  FL 85 Zip Code  Submits this statement for the purpose of changing its registered and of directors. I hereby accept the appointment as registered
Suite, Apt. #, etc.    Suite, Apt. #, etc.	S8.75 Additional Fee Required  Election Campaign Financing S5.00 May Be Added to Fees  This corporation owes the current year Intangible Personal Property Tax. Yes No.  Name and Address of New Registered Agent  D. Box Number is Not Acceptable)  FL 85 Zip Code  submits this statement for the purpose of changing its registered and of directors. I hereby accept the appointment as registered
City & State  Zip  Country  Zip  Country  Zip  Country  Zip  Sip  Country  28  Zip  Country  Zip  Country  30  9. Name and Address of Current Registered Agent  SPARKMAN, RICHARD D  307 AIRPORT PULLING RD NORTH  NALES FL 34104  81  Signature Address (P.  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's bose agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and tible if applicable  12. OFFICERS AND DIRECTORS  13. A  TITLE  NAME  NANCY  NANCY  LOWCY  LOWCY  13 STREET ADDRESS  CITY-ST-ZP  TITLE  DELETE  1.1 TITLE  1.3 A  1.4 CITY-ST-ZP  TITLE  DELETE  1.1 TITLE  NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZP  TITLE  DELETE  1.1 TITLE  1.3 A  1.4 CITY-ST-ZP  TITLE  DELETE  1.1 TITLE  1.4 CITY-ST-ZP  TITLE  1.4 CITY-ST-ZP  TITLE  1.4 CITY-ST-ZP  TITLE  1.5 COUNTRY  1.4 CITY-ST-ZP  TITLE  1.4 CITY-ST-ZP  TITLE  1.5 COUNTRY  1.5 COUNTRY  1.5 COUNTRY  1.5 COUNTRY  1.6 CITY-ST-ZP  TITLE  1.7 COUNTRY  1.7 CITY-ST-ZP  TITLE  1.7 COUNTRY  1.7 CITY-ST-ZP  TITLE  2.7 CITY-ST-ZP	Trust Fund Contribution Added to Fees This corporation owes the current year Intangible Personal Property Tax. Yes No Name and Address of New Registered Agent  D. Box Number is Not Acceptable)  FL 85 Zip Code Submits this statement for the purpose of changing its registered and of directors. I hereby accept the appointment as registered
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SPARKMAN, RICHARD D 307 AIRPORT PULLING RD NORTH NALES FL 34104  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation office or registered agent, or both, in the State of Floride, Such change was authorized by the corporation's bos agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  Signature, typed or printed name of registered agent and tible if applicable (NOTE: Registered Agent signature required when recommend to the state of Floride in the state of	D. Box Number is Not Acceptable)  FL 85 Zip Code submits this statement for the purpose of changing its registered rd of directors. I hereby accept the appointment as registered
SPARKMAN, RICHARD D  307 AIRPORT PULLING RD NORTH  NALES FL 34104  83  84 City  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's bod agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  TIME  NAME  VAACY  OFFICERS AND DIRECTORS  13. A  1.1 TITLE  VAACY  1.3 STREET ADDRESS  CITY-ST-ZP  TITLE  DELETE  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZP  TITLE  DELETE  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZP  TITLE  DELETE  1.1 TITLE  1.1	Submits this statement for the purpose of changing its registered and of directors. I hereby accept the appointment as registered
307 AIRPORT PULLING RD NORTH NALES FL 34104  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's box agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when respectively).  12. OFFICERS AND DIRECTORS  13. A  TITLE  NAME  NAMY  LOWE  13. TITLE  NAME  12. NAME  NAMY  13. STREET ADDRESS  CITY-ST-ZP  TITLE  DELETE  1.1 TITLE  1.3 TITLE  1.3 TITLE  1.3 TITLE  1.3 TITLE  1.3 TITLE  1.3 TITLE  1.4 CITY-ST-ZP  TITLE	Submits this statement for the purpose of changing its registered and of directors. I hereby accept the appointment as registered
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TIME DELETE 21 TITLE	· ·
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STREET ADDRESS 23 STREET ADDRESS	
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CITY-ST-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 indicated on this annual report or supplemental annual report is true and accurate and that my signature shall reflect or director of the corporation or the receiver or trustee empowered to execute this report as required by	110 07/2Vi) Florida Statutae   further cartifu that the information