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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

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FILED May 15, 1999 8:00 am Secretary of State

05-15-1999 90010 039 ***150.00

1. Corporation	MENT # P980000 on Name orle Scotland,	_		G3-13-1333 30010 G33	130.	
	PINETREE DR.	Mailing Address	TREE DR.		,	
	iAlANTIC, FL	INDIALAN	tic Fl	DO NOT WRITE IN THIS S	PACE	
ING	_			DO NOT WRITE IN THIS S 3. Date Incorporated or Qualified		
	32903		32903	FEBRUARY 25,19	98	
2. Principal F	Place of Business	2a. Mailing Address			· · · · · · · · · · · · · · · · · · ·	lied For
21	# -1-	26		59-3498570		Applicable
Suite, Apt.	Solizaine Palm De	Suite, Apt. #, etc.	io E Pala De	5. Certificate of Status Desired	\$8.75 A	
City & Sta	SoliTAIRE PALM DR.	City & State.	·	6. Election Campaign Financing	\$5.00 N	
23 Ind	LIAIANTIC FL	28 INDIA/ANI	ric, FL	Trust Fund Contribution	Added to	•
Zip 24 329	Ga 3 E H C O	Zp - Zp - Z	Country	8. This corporation owes the current year Intar		XΝο
24 30.	9. Name and Address of Current	29 32903 3 Registered Agent	0 <i>USA</i>	Personal Property Tax. 10. Name and Address of New Registered Ag		ZINO
			81 Name	A C / C		
Joh	N W. WATK	, NS	93 Street Addre	N//-		
56	5 SoliTAIRE	PALM DR	565	ess (P.O. Box Number is Not Acceptable) Solitaire Palm DR		
			83			
IN	diAlANTIC, F	-L 32903	84 City Two	dialantic FL	85 Zip Ci	ode 903
office or i	registered agent or both in the State of	f Florida. Such change was auth	, the above-hamed corpo norized by the corporation	oration submits this statement for the purpose of chars board of directors. I hereby accept the appointr	nanging its r ment as regi	egistered istered
agent. (la	ant familiar with, and accept_t≱e obligation	ons of Section 607.0505. Florid	a Statutes.	• • • • • • • • • • • • • • • • • • • •		
agent. (a		(JOHN WATK	(i NS)	25 Ae	ril 19	99_
SIGNATURE	John Woudurs Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	(i NS) egistered Agent signature required	25Αρ when reinstating)	ril, 19	99_ 25 IN 12
SIGNATURE	tom walkurs	and title if applicable. (NOTE: Re	(i NS)	when reinstating) ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	99_ RS IN 12
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND P/T/D	And title if applicable. D DIRECTORS DELETE	(i NS) egistered Agent signature required 13.	when reinstating) ADDITIONS/CHANGES TO OFFICERS AND		Addition
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14. I hereby certify that the information supplied with this filing 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 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 in changes for on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date | Daytime Phone #