Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90222 017 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000022481

1. Corporation Name

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

Principal Place of Business 4839 FOXRUN CIRCLE LAKELAND FL 33813	Mailing Address  4839 FOXRUN CIRCLE LAKELAND FL 33813	· · · · · · · · · · · · · · · · · · ·				
William is done				DO NOT WRITE IN THIS SPACE		
	·			3. Date Incorporated or Qualifed 03/09/1998		
2. Principal Place of Business N A	2a. Mailing Address	NA		4. FEI Number	. 🗸	Applied For
n 14 1/2	26	איא				Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional Required
City & State	City & State			≤6Election Gampaign Financing	\$5.0	O.May.Be
3	28			Trust Fund Contribution	Adde	d to Fees
Zip Country 4 25	Zip 29 3	Country		This corporation owes the current y     Personal Property Tax.	/ear Intangible ☐ Yes	₩No
9. Name and Address of Curr		-1		10. Name and Address of New Regis	stered Agent /	VA
The state of the s	The same of the sa	81 Nan	ne -	سىيىدىنىنىد جىرشىنىدىدى - سى - تىدىد-		<del></del>
DEZAYAS, BRUNO F 5120 SOUTH LAKELAND DRIVE LAKELAND FL 33813		83	et Addre	ss (P.O. Box Number is Not Acceptable)		
· ·		(O4) City			0g 7i	n Code
11. Pursuant to the provisions of Sections 607.0	502 and 607 1508. Florida Statutes	84 City	ed corpo	ration submits this statement for the purp	FLII	p Code its registered
	502 and 607.1508, Florida Statutes te of Florida. Such change was autl gations of, Section 607.0505, Florid	1   1	ed corpor rporation	ration submits this statement for the purp 's board of directors. I hereby accept the	FLII	•
·		1   1		· · · · · · · · · · · · · · · · · · ·	FLII	•
SIGNATURE Signature, typed or printed name of registered a		, the above-name horized by the co la Statutes.		· · · · · · · · · · · · · · · · · · ·	pose of changing appointment as	its registered registered
SIGNATURE Signature, typed or printed name of registered of the state	agent and title if applicable. (NOTE: R. AND DIRECTORS	, the above-name horized by the co la Statutes.	re required	when reinstating) C	pose of changing appointment as	its registered registered
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SIGNATURE  12. OFFICERS  TITLE D  VAME  STREET ADDRESS  CITY-ST-ZIP  SIgnature, typed or printed name of registered of registere	agent and title if applicable. (NOTE: R. AND DIRECTORS	egistered Agent signation 1.1 TITLE 1.2 NAME 1.3 STREET ADDRE	re required	when reinstating) C	oose of changing a appointment as	its registered registered TORS IN 12
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SIGNATURE  Signature, typed or printed name of registered at the signature. Typed or printed name of r	IOS DELETE	opistered Agent signature.  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRE 1.4 CITY-ST-ZIP 2.1 TITLE	ss ss	when reinstating) C	oose of changing a appointment as	its registered registered TORS IN 12
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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(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 if changed, or on an assection with an address, with all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

□ DELETE

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☐ Change

Change

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☐ Addition

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