PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000026865

FILED Mar 14, 1999 8:00 am Secretary of State

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Principal Plac	ce of Business		Mailing Address	<u> </u>		- 1981 1981 19 1919 1511 9911 9911 1	dana india a kidi lahir	<u> </u>
3214 POLO PI			3214 POLO PLACE					
PLANT CITY F	FL 33567		PLANT CITY FL 3356	7		DO NOT WRITE IN	THIS SDACE	
						3. Date Incorporated or Qualified	THIS SPACE	
						03/23/1998		
2. Principal I	Place of Business	Wheele	2a. Mailing Address	1/ 1	Theeler Si	4. FEI Number 59-35535	XX 1 A	plied For at Applicable
Suite, Apt	t. #. etc.	J. A. E.I.	Suite, Apt. #, etc		PACCILE S		\$8.75	
2			27	_		5. Certificate of Status Desired	Fee Ro	
City & Sta	ite - (7-1/11 ~	Gran-	City & State		·	6. Election Campaign Financing	\$5.00	
<u> </u>	+ Cory	F 10/1/16	28 1/4n# (177	untry	Trust Fund Contribution		to Fees
コグマム	Z / [75]	IA (A	337666	30	1111	This corporation owes the current yearsonal Property Tax.	ar≀ntanglible ∐Yes	ZNo
1777	9. Name and A	ddress of Current	Registered Agent		T	10. Name and Address of New Registr		
fac.	770 0444				81 Name			
REIBER, SAM I 601 EAST TWIGGS STREET					82 Street Addre	ess (P.O. Box Number is Not Acceptable)	· .	··
SUITE 200								
	MPA FL 33602				83			
****					84 City		85 Zip (ode
SIGNATURE	Signature, typed or printed	name of moletared agent	and Mr. Tarribanhi			•		
				MOTE: Registere	Agent signature required			
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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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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.

BA CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

NATURE AND FIFED ON PRINTED MARE OF SIGNING OFFICER OR DIRECTOR

3/12/99 813 Deylane Phot

813-654-611 Daytime Phone #