PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000028396

Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90106 031 ***150.00

 Corporation Nar 	ne						
KURTONI IN	C.						
					1 (00) (00) (12 (0) (0) (0) (0) (0) (0)		
	•						
Principal Place of E	Business	Mailing Address			- i ingilant tên latal tanti matêt hasit aritê d	AIIR HRST INIOE HISE	taila aur leat
3281 PHONETIA DRIV	JE	3281 PHONETIA DRIVE					
DELTONA FL 32738		DELTONA FL 32738					
					DO NOT WRITE IN T	HIS SPACE	
					3. Date Incorporated or Qualifed		
					03/25/1998		
2. Principal Place	of Business	2a. Mailing Address			4. FEI Number 59 - 3500974	 	plied For
21		26			59-3300974	\$8.75 A	t Applicable
Suite, Apt. #, etc	С.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	φο.73 A Fee Re	
22		City & State			- First Constitution		
City & State		City & State		5 - 2 - -	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
23	Country	Zip	Country		8. This corporation owes the current year		01003
Zip		29	30		Personal Property Tax.		X No
24	25 Name and Address of Curren		30		10. Name and Address of New Registe	red Agent	
<u> </u>	Halle and Address of Curror	it registered Agent	81 Na	ne			
ROBERTS	S. KURT		82 Str				
3281 PHONETIA DRIVE				et Addre	ess (P.O. Box Number is Not Acceptable)		
DELTONA FL 32738				-			
			83				
			84 Cit	,	- ···	FL 85 Zip C	Code
<u> </u>		2 607 4509 Florido Sta	tutes the chove non	ed corne			registered
office or registr	ered agent, or both, in the State	of Florida. Such change wa	s authorized by the c	orporatio	oration submits this statement for the purpos on's board of directors. I hereby accept the a	ppointment as rec	gistered
agent. I am far	miliar with, and accept the obliga	itions of, Section 607.0505,	Florida Statutes.				
SIGNATURE	ture, typed or printed name of registered ager	at and title if anyther black (M	OTE: Registered Agent signa	ure required	when reinstating) DAT	E	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	RS IN 12
πιε	00	DELETE		P		☐ Change	Addition
NAME			1.2 NAME		Roberts, Kurt		
STREET ADDRESS			1.3 STREET ADDR	ss :	3281 Phonetia Drive		
CITY-ST-ZIP			1.4 CITY-ST-ZIP		Deltona Fl 32738		
TITLE		☐ DELETE		\neg		☐ Change	Addition
NAME		2.2 NAJ					
STREET ADDRESS			2.3 STREET ADDR	-ss			
l i	17001233		2. 4 CITY-ST-ZIP				
CITY-ST-ZIP TITLE		☐ DELETE		\dashv	· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
- NAME			3.2 NAME	-1-			•
Į I			3.3 STREET ADDR	-88		2,000	
			3.4. CITY-ST-ZIP				
CITY-ST-ZIP TITLE	DELETE 41 TITLE					Change	Addition
NAME		— - 	4. 2 NAME				
i I			4.3 STREET ADOR	=66			
STREET ADDRESS				-50			
CITY-ST-ZIP		☐ DELETE	4.4 C/TY-ST-ZIP 5.1 TITLE			Change	Addition
TITLE		_ 022212	5.2 NAME				•
NAME			5.3 STREET ADDR	ess			
STREET ADDRESS			5.4 CITY-ST-ZIP				
CITY-ST-ZIP		☐ DELETE		-		☐ Change	☐ Addition
TITLE			■ W. HIII	ī			
NAME			6.2 NAME	-cc		Gradings	
NAME STREET ADDRESS				ESS		□ Orange	

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 suppliemental 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 eccivity of 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 charged, or an an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR