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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## \_\_\_\_

DOCUMENT # P9800030411

## FILED Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90017 043 \*\*\*150.00

Principal Place		Mailing Address								
3511 SW 26TH STREET   3511 SW 26TH STREET   OCALA FL 34474   OCALA FL 34474										
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						3. Date Incorporated or Qualifed				
}						03/30/1998				
_	lace of Business	2a. Mailing Address				4. FEI Number		$\vdash$	Applie	
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Suite, Apt. #, etc.						5. Certifcate of Status Desired			' <b>5</b> Add Requi	
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	City & State City & State					6, Election Campaign Financing Trust Fund Contribution	3		led to F	
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24	25	29	30	,		Personal Property Tax.	. ,	Yes		No [
24	9. Name and Address of Curre		1001			10. Name and Address of New Rec	jistered A	gent		
				81	Name					
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	NE 25TH AVENUE			02	Street Addr	ESS (F.O. BOX Rumber is Not Acceptable				
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OCA	NLA FL 34470			84	City			85	Žip Cod	le le
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11. Pursuant office or ragent. I a	m familiar with, and accept the oblig	Jations of, Section 607.0505, Fig	inda Statu	iles.		poration submits this statement for the puon's board of directors. I hereby accept to	rpose of o	hanging tment a	g its reg s regist	gistered lered
_agent. I a	m familiar with, and accept the oblig	pent and title if applicable. (NOTE	: Registered	iles.		of when reinstating)	DATE			
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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

3-18-99

351.337.8758 Daylime Phone #