Applied For

Fee Required \$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

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

**PROFIT** CORPORATION ANNUAL REPORT

1999

STUART FL 34997



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90028 030 \*\*\*150.00

Principal Place of Business		Mailing Address			
78 SE SUPERIOR WAY STUART FL 34997		78 SE SUPERIOR WAY STUART FL 34997			
2. Principal Place	e of Business		. Mailing Address		
Suite, Apt. #, 6	etc.	26	Suite, Apt. #, etc.		
2	•	27			
City & State			City & State		
3		28			
Zip	Country		Zip		
p		<b>⊢</b>	- •		

		DO NOT WRITE IN THIS SPACE	
3.	Date Incorpo	orated or Qualifed	

04/22/1998

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable)

FEI Number

			1					
		84	City		FL	85	Zip Co	de
office or re	to the provisions of Sections 607.0502 and 607.1508, Florida Statutes egistered agent, or both, in the State of Florida. Such change was aut m familiar with, and accept the obligations of, Section 607.0505, Florid	norized by	the corp	corporation submits this statement for the oration's board of directors. I hereby acce	purpose of o pt the appoin	tment a	ig its re as regis	gistered stered
SIGNATURE	AOT. O		nt simmeture	required when reinstating)	DATE			
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: R  OFFICERS AND DIRECTORS	13.	ni signature	ADDITIONS/CHANGES TO OF		D DIRE	CTOR	S IN 12
TITLE		1.1 TITLE		]	7.02.10.1	□1 Cha		Addition
						_	J	_
NAME	PALUMBO, DENNIS F	1.2 NAME						
STREET ADDRESS	78 SE SUPERIOR WAY	1.3 STREE	T ADDRESS					
CITY-ST-ZIP	STUART FL 34997	1.4 CITY-S	T-ZIP			TICK.		☐ Addition
TITLE	DELETE	2.1 TITLE				Cha	inge	☐ WOOIDON
NAME		2.2 NAME						
STREET ADDRESS	•	2.3 STREE	T ADDRESS					į
CITY-ST-ZIP		2.4 CITY-1	ST-ZIP	<u></u>	<u></u>			
TITLE	☐ DELETE	3.1 TITLE				☐ Cha	inge	☐ Addition
NAME		3.2 NAME						
STREET ADDRESS		3.3 STREE	T ADDRESS					
CITY-ST-ZIP		3.4. CITY-	ST-ZIP					
TITLE	DELETE	4.1 TITLE				Cha	ange	☐ Addition
NAME		4.2 NAME						
STREET ADDRESS		4.3 STREE	T ADDRESS					
CITY-ST-ZIP		4.4 CITY-5	T-ZIP					
TITLE	☐ DELETE	5.1 TITLE				Cha	ange	☐ Addition
NAME		5.2 NAME						
STREET ADDRESS		5.3 STREE	TADDRESS	1		•		
CITY-ST-ZIP		5.4 CITY-9	T-ZIP					
TITLE	DELETE	6.1 TITLE				Cha	ange	Addition
NAME		6.2 NAME			,			
STREET ADDRESS		6.3 STREE	TADDRESS					
OTRICET ADDITESS		SACITY. S						

Country

83

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:**