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

CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P98000037141

1. Corporation Name

Principal Place		Mailing Address 4730 58TH AVENUE				
4730 58TH AVENUE 4730 58TH AVENUE VERO BEACH FL 32967 VERO BEACH FL 32967						
					IN THIS SPACE	
				3. Date Incorporated or Qualifed		
				04/23/1998 4. FEI Number		alad Far
	lace of Business	2a. Mailing Address			<b>├</b>	oplied For ot Applicable
21		26		59-3510669		Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired		equired
City & Stat	e	City & State		6 Election Campaign Financing	\$5.00	May Be
23		28		Trust Fund Contribution		to Fees
Zip	Country	Zip	Country	8. This corporation owes the current	t year Intangible	
24	25	29	30	Personal Property Tax.	∑√Yes	□No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Re	gistered Agent	
			81 Name			
IDLETTE, ANTHONY D		82 Street A	Address (P.O. Box Number is Not Acceptable	e)		
348 8TH AVENUE - S.W.			52 0110017			
VER	O BEACH FL 32962		83			
			04 63		85 Zip	Code
			84 City		FL S 2 P	Code
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was	authorized by the corpo	corporation submits this statement for the pure transfer of directors. I hereby accept to the pure transfer of the	urpose of changing its the appointment as re	registered egistered
office or r	egistered agent, or both, in the State	e of Florida. Such change was pations of, Section 607.0505, F	authorized by the corpo	equied when reinstating)	DATE	
office or r agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered age OFFICERS A	e of Florida. Such change was pations of, Section 607.0505, F pent and title if applicable iNO IND DIRECTORS	authorized by the corpolorida Statutes.  IE Registered Agent signature re	required when reinstating)  ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTO	DRS IN 12
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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 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 office like empowered

6 2 NAME

63 STREET ADDRESS

6 4 CITY-ST-ZIP

SIGNATURE: \_

TITLE

NAME

STREET ADDRESS

ANTHONY IDLETTE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

569-7359

**FILED** 

Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90137 030 \*\*\*150.00