

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## Feb 22, 1999 8:00 am Secretary of State Katherine Harris

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DOCUMENT #	P980000391	90
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	D SCOTT VANDERBURG, D								
Principal Ptac		Mailing Address	_						
113 DOCTOR PARK DRIVE 113 DOCTOR PARK DRIVE MILTON FL 32570 MILTON FL 32570									
, microit / C 542	,,,,	MILLOW I LANGIN				DO NOT WRITE IN T	THIS SPACE	<del></del>	
						3. Date Incorporated or Qualified			
						04/28/1998			
	2. Principal Place of Business 2a. Mailing Address				4. FEI Number 59-352 4923	<u> </u>	pplied For ot Applicable		
21 Cuito Ant	# ata	Suite, Apt, #, etc.				Additional			
22	Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired		equired			
City & Stat	le	City & State	<del></del>			6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution		to Fees	
Zip	Country	Zip		untry		8This corporation owes the current year			
24	25	29	30			Personal Property Tax.	[] Yes	ŒN₀	
	9. Name and Address of Curren	Registered Agent		<del>                                     </del>		10. Name and Address of New Registe	red Agent		
NA.	DEDDUMO BIOLIADO COOTE			81 N	ame				
	DERBURG, RICHARD SCOTT DOCTOR PARK DRIVE			82 S	treet Addre	ss (P.O. Box Number is Not Acceptable)			
	ON FL 32570			83					
NIHL I	TOR FE 32370			63					
				84 C	ity .		FL 85 Zip	Code	
11. Pursuant office or r agent, I a SIGNATURE	m familiar with, and accept the obligat	ions of, Section 607.0505, Fi	onda Stal	lutes.		ration submits this statement for the purpos n's board of directors. I hereby accept the a		s registered egistered	_
12.	Signature, typed or printed name of registered agen	· · · · · · · · · · · · · · · · · · ·	E: Registere		sture required	ADDITIONS/CHANGES TO OFFICER:		ORS IN 12	98
TITLE	CO-President,		1.17			Application and the strategy	☐ Change	Addition	7
NAME	DILLING VAN								
		INPIBULG D.O	12 N	AME			0,22,94		*
SIMPLIADORESS	112 DOCTIVES DE	IDEIBUILG, D.O	12 N 13 S	IAME TREET ADD	RESS				E034
STREET ADDRESS	113 DOCTUR'S PR	10e/BUIG, D.O HUL. D.C. 32570	1.3 \$		RESS				R2E034
CITY-ST-ZIP	113 DOCTUR'S PR	DELETE  DELETE  DELETE	1.3 \$	TREET ADD	RESS		Change	Addition	CR2E034 (11/98)
CITY-ST-ZIP	113 DOCTUR'S PR	10e1BUKG, D.O HUL. DIL 32570	13S	TREET ADD ITY-ST-ZIP ITLE	RESS				CR2E034
CITY-ST-ZIP	113 DOCTUR'S PR	10e1BUKG, D.O HUL. DIL 32570	1.3 S 14 C 2.1 Tl 2.2 N	TREET ADD ITY-ST-ZIP ITLE					CR2E034
CITY-ST-ZIP TITLE NAME	113 DOCTUR'S PR	IDE/BUIL, D.O HUL DIL 32570 [] DELETE	138 14C 2.1 Ti 22 N 23 S	TREET ADD ITY-ST-ZIP ITLE AME	RESS		☐ Change	Addition	CR2E034
CITY-ST-ZIP TITLE NAME STREET ADDRESS	113 DOCTUR'S PR	10e1BUKG, D.O HUL. DIL 32570	1.3 S 1.4 C 2.1 Ti 2.2 N 2.3 S 2.4 C 3.1 Ti	TREET ADD TTY-ST-ZIP TILE AME TREET ADD CITY-ST-ZIF	RESS				CR2E034
CITY-ST-ZIP TITLE NAME STREET ADDRESS OITY-ST-ZIP	113 DOCTUR'S PR	IDE/BUIL, D.O HUL DIL 32570 [] DELETE	1.3 S 14 C 2.1 Ti 2.2 N 2.3 S 2.4 C 3.1 Ti 3.2 N	TREET ADD TTY-ST-ZIP TTLE AME TREET ADD CITY-ST-ZIF TTLE	RESS		☐ Change	Addition	CR2E034
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	113 DOCTUR'S PR	IDE/BUIL, D.O HUL DIL 32570 DOELETE	1.3 S 14 C 2.1 Ti 2.2 N 2.3 S 2.4 C 3.1 Ti 3.2 N 3.3 S	TREET ADD ITY-ST-ZIP ITLE AME TREET ADD CITY-ST-ZIF ITLE IME TREET ADD	RESS .		☐ Change	Addition	CR2E034
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	113 DOCTUR'S PA	DELETE	13S 14C 2.1T 22N 23S 2.4C 3.1T 32N 33S 34.C 4.1T 4.2N 4.3S 4.4C 5.1T 5.2N 5.36 6.1T 6.2N	TREET ADD TTY-ST-ZIP TTLE AME TREET ADD TTY-ST-ZIP TTLE TREET ADD TTY-ST-ZIP TTLE AME TREET ADD TTY-ST-ZIP TTLE TREET ADD TTY-ST-ZIP TTLE TREET ADD TTY-ST-ZIP TTLE TREET ADD	RESS RESS		Change	Addition Addition Addition Addition	CR2E034

14. Heraby 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 affect as if made under oath; that I am an officer or director of the corporation or the feetiver or trustee expowered 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 or any attachment with an address, with all other like empowered.

ICER OR DIRECTOR