PROFIT CORPORATION **ANNUAL REPORT** 1999



T OF STATE FLORIDA DEPART

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000039281

	Principal Place of Busin
ı	328 SW 34TH ST. #32 GAINESVILLE FL 32607
	GAINESVILLE FL 32607

FILED Apr 30, 1999 8:00 am Secretary of State

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Principal Plac	ce of Business	Mailing Add				l l						
329 SW 34TH		PO BOX 204				Į.						
GAINESVILLE F	FL 32607	GAINESVILLE	E FL 32001					DO NOT WRI	TE IN THIS	SPACE		
						3.	Date incorporat	ed or Qualifed				_]
j							04/29/1998					
2. Principal P	Place of Business	2a. Mailing	Address			4.	FEI Number				Applied For	_}
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Suite, Apt.	, #, etc.	Suite, A	Suite, Apt. #, etc.				Certificate of Sta	itus Desired			Additional	}
22		27									Required	_
City & Stat	te	City & S	State	-		6.	Election Campa				May Be	· }-
23		28					Trust Fund Con				d to Fees	\dashv
Zip	Country	Zip		Cou	in y	8.	This corporation Personal Proper		ent year m	⊒ngible ∐Yes	É MNO	
24	9. Name and Address of Curre	29		30		10.	Name and Add		Registered		-/ -	┨
 	5. Name and Address of Curre	en vedieneren va			81 Name		·					7
NAL	Bandian, Ropen				-			la Mat Assaul	-1-1-1			
328	SW 34TH ST, #32				82 Street	Address (#	P.O. Box Number	IS NOT Accept	atole)			l
GAIN	NESVILLE FL 32607				83							7
j										Tarl 7	Code	┦ ·
					84 City				FL	_ 1 - 1		1
<u></u>						47				-handing	its registered	
11. Pursuant	to the provisions of Sections burius	SUZ and GU/. TOUB,	Florida Statuti	s, the a	bowe-named	corporation	n submits this sta	tement for the	purpose of	CHARBING.		\sqcap
11. Pursuant office or r	to the provisions of Sections 607.05 registered agent, or both, in the Stati and familiar with, and accept the oblid	euz and 607.1508, e of Fiorida. Such eations of, Section	Florida Statuti change was a 607.0505, Florida	es, the a uthorized rida Stati	bove-named of by the corporates.	corporation a be	n submits this sta oard of directors.	tement for the thereby accep	purpose of ot the appoi	ntment as	registered	
1	to the provisions of Sections 607.05 registered agent, or both, in the Statt am familiar with, and accept the oblig	and 607.1508, a of Florida. Such gations of, Section	Florida Statuti change was a 607.0505, Flor	es, the a uthorized rida Stati	bove-named by the corpo des.	corporation a be	n submits this sta oard of directors.	itement for the I hereby accer	•	niment as	registered	
SIGNATURE	Signature, typed or printed name of registered ag	yent and title if applicable.		Registered	bove-named by the corportes.	required when I	reinstating)		DATE			١,
SIGNATURE	Signature, typed or printed name of registered ag OFFICERS A	ent and title if applicable.	(NOTE	Registered	Agent signeture n	required when I			DATE	ID DIREC	ORS IN 12	_
SIGNATURE 12.	Signature, typed or printed name of registered ag OFFICERS A	ent and title if applicable.		Registered 13.	Agent signeture n	required when I	reinstating)		DATE		ORS IN 12	_
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered ag OFFICERS A D NALBANDIAN, ROPEN	ent and title if applicable.	(NOTE	13. 1.1 TO	Agent signature n	required when I	reinstating)		DATE	ID DIREC	ORS IN 12	S 34 /44/09)
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ag OFFICERS A D NALBANDIAN, ROPEN 328 SW 34TH ST, #32	ent and title if applicable.	(NOTE	13, 1,1 Tr 1,2 N/ 1,3 ST	Agent signature in TLE AXE REET ADDRESS	required when I	reinstating)		DATE	ID DIREC	ORS IN 12	S 34 /44/09)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ag OFFICERS A D NALBANDIAN, ROPEN	pent and title If applicable. IND DIRECTORS	(NOTE	13. 1.1 Tr 1.2 N/ 1.3 ST 1.4 Cr	Agent signeture in TLE AKE REET ADDRESS TY-ST-ZIP	required when I	reinstating)		DATE	ID DIREC	FORS IN 12	S S S S S S S S S S S S S S S S S S S
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered ap OFFICERS A D NALBANDIAN, ROPEN 328 SW 34TH ST, #32 GAINESVILLE FL 32607	pent and title If applicable. IND DIRECTORS	(NOTE	13. 1.1 TO 1.2 No 1.3 ST 1.4 CF 2.1 TO 2.2 No	Agent algorithms in TLE AXE REET ADDRESS TY-ST-ZIP LE ME	required when I	reinstating)		DATE	ID DIREC	FORS IN 12	S S S S S S S S S S S S S S S S S S S
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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: