

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90009 014 ***450.00

DOCUMENT # P98000040817 ✓ok
1. Corporation Name

Principal Place of Business Mailing Address
26275 SW 197th Ave
Homestead, FL 33030

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 26275 SW 197th Ave 26 26275 SW 197th Ave

3. Date Incorporated or Qualified
5-6-98

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

4. FEI Number Applied For
 Not Applicable

City & State City & State
23 Homestead FL 28 Homestead FL

5. Certificate of Status Desired **\$8.75** Additional Fee Required

Zip Country Zip Country
24 33031 25 USA 29 33031 30 USA

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

John K. Peek
26275 SW 197th Ave
Homestead FL 33031

10. Name and Address of New Registered Agent
81 Name MARK ROBERTS
82 Street Address (P.O. Box Number is Not Acceptable) 1509 DODD ROAD
83
84 City WINTER PARK FL 85 Zip Code 32792

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Mark Roberts (NOTE: Registered Agent signature required when reinstating) DATE 4/30/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT/Secretary DELETE
NAME John K. Peek
STREET ADDRESS 26275 SW 197th Ave
CITY-ST-ZIP Homestead FL 33031

1.1 TITLE MARK Roberts Change Addition
1.2 NAME President/Secretary
1.3 STREET ADDRESS 1509 DODD Road
1.4 CITY-ST-ZIP WINTER PARK, FL 32792

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE Tom Durant Change Addition
2.2 NAME V. President/Tresury
2.3 STREET ADDRESS 4280 N.W. 55 Drive
2.4 CITY-ST-ZIP COCONUT CREEK FL 33073

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: Mark Roberts DATE 4/30/99 Daytime Phone # 305-248-6323

CR2E034 (1/198)