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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000042521

Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. So. Certificate of Status Desired Fee Required				 	
The provision of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such charge was authorized by the corporation's board of directors. I hereby accept the appointment at sregistered agent, or both, in the State of Florida. Such charge was authorized by the corporation's board of directors. I hereby accept the appointment at sregistered agent, or both, in the State of Florida. Such charge was authorized by the corporation's board of directors. I hereby accept the appointment at sregistered agent. In 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 agent. In a familiar why, and accept the obligations of, Section 607.0502 florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment at sregistered agent, or both, and accept the obligations of, Section 607.0502 florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment at sregistered agent, or both, and accept the obligations of, Section 607.0502 florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment at sregistered agent, and accept the obligations of, Section 607.0502 florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment at sregistered agent, and accept the obligations of, Section 607.0502, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment at sregistered agent, and accept the obligations of, Section 607.0502, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment at sregistered agent. I have a state of the purpose of changing its registered agent. I have a state of the purpose of changing its registered of the purpose of changing its registered agent. I have	Principal Place of Business	Mailing Address		— 1 14011410 FIO 18160 18161 86111 86111 86111 86111 8	EKA TIMBU BINTA INPALINEN 1981
2. Principal Place of Business 3. Date Incorporated or Qualifed 05/11/1998 4. FEI Number 5.6-2086079 Not Applica 5. Certificate of Status Desired Fee Required Fee Required 1. Election Campaign Financing Fee Required 5. Election Campaign Financing Fee Required 5. Election Campaign Financing Fee Required 8. This corporation owes the current year Intangible Personal Property Tax. Pres Sino 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 507.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obtain 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 obtain the fapplicable. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITILE DELETE 17 TILE P/D	111 PRINCESS ST	PO BOX 2628	•		
2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 2. Applied For 56–2086079 3. Not Applied For 56–2086079 3. Not Applied For 56–2086079 3. Not Applied For 56–2086079 3. Suite, Apt. #, etc. 3. Certificate of Status Desired \$8.75 Additional Fee Required City & State 3. City & State 3. City & State 3. Country 4. Election Campaign Financing Francing Fee Required Address of Country 5. Certificate of Status Desired \$8.75 Additional Fee Required Fee Required Contribution Added to Fees Required Fee Required Fe					SPACE
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24 25 29 30 Personal Property Tax. Yes No	- ·	— ·		, , ,	
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C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 84 City FL 85 Zip Code 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 registere 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE NAME STREET ADDRESS 1.1 TITLE 1.2 STREET ADDRESS CITY-ST-ZIP Willmington, North Carolina 28401 TITLE DELETE DELETE DELETE 2.1 TITLE V/T/D Change	9. Name and Address of Curr	rent Registered Agent		10. Name and Address of New Registered A	gent
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TITLE U/T/D Change Add	STREET ADDRESS				
V/1/D	CITY-ST-ZIP		1.4 CITY-ST-ZIP	Wilmington, North Carolina	28401
1 1 A 1 - M 7	TITLE	☐ DELETE		V/1/D '	☐ Change X Addition
	NAME		1	Alan M. Zimmer	
STREET ADDRESS 111 Princess Street	STREET ADDRESS				<u></u>
CITY-ST-ZIP Wilmington, North Carolina 28401	1		2.4 CITY-ST-ZIP		28401
	CITY-ST-ZIP				
	CITY-ST-ZIP TITLE	☐ DELETE		J D	Change Addition
	CITY-ST-ZIP TITLE NAME	☐ DELETE	3.2 NAME	Herbert J. Zimmer	
	CITY-ST-ZIP TITLE NAME STREET ADDRESS	☐ DELETE	3.2 NAME I	Herbert J. Zimmer 111 Princess Street	Change X Addition
	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.2 NAME I 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Herbert J. Zimmer 111 Princess Street <u>Wilmington, North Carolina</u>	□ Change
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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 eport 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 life empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CiTY-S∓-ZiP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY- ST- ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Herbert J. Zimmer, Secretary

☐ DELETE

DELETE

1/11/99

910/763-4669

☐ Change

☐ Change

Addition

Addition