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

**PROFIT** CORPORATION ANNUAL REPORT 1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE Katherine Harris 🛴

Secretary of State

DIVISION OF CORPORATIONS

## FILED May 17, 1999 8:00 am Secretary of State 05-17-1999 90006 014 \*\*\*150.00

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DOCUMENT #	P98000042575

ASSUMABLE EQUITIES INC.  Principal Place of Business 8178 124TH TERRACE LARGO FL 33773  Mailing Address											
							DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed				
2. Principal Pla	ace of Business	28.	. Mailing Add	dress		<del></del>		4. FEI Number		<del></del>	opplied For
21	<u> </u>	26	Cuito Ant	# 010		😚		59-3506833			Not Applicable Additional
Suite, Apt. /	#, etc.	27	Suite, Apt. :	#, alc.	6.138G	س. ر	(A)	5. Certificate of Status Desired	, 🗆	•	Required
City & State	<del></del>		City & State	θ ,	4.	3 3.,		6. Election Campaign Financing	, ,	\$5.0	May Be
23		28			的原理性	Note:		⇒Trust Fund Contribution			to Fees
Zip	Country 25	29	Zip	7 75° (a	Country	A Service	e ear	<ol><li>This corporation owes the cu Personal Property Tax.</li></ol>	rrent year in	tangible	No
24	9. Name and Address of Curren		stered Agent		<u>., </u>	N. A. S. S.		10. Name and Address of New	Registered		
		J			81	Name		William !			
	EN MILLER				82	Street Ad	dres	s (P.O. Box Number is Not Accep	otable)		
	178 124TH TER										
$\mathbf{L}_{i}$	ARGO FL 33773		. **		3 e 4 e 5 sa	inia:	•	\$			
			24		84	City			FL	85 Zi	Code
SIGNATURE	to the provisions of Sections 607.050: agistered agent, or both, in the State on familiar with, and accept the obligated agents of registered agents of registered agents.		46			the corpora		and the second	ept the appo	intment as	registered
12.	OFFICERS AN			(HOTE, II	13. 👾	-	, and 100	ADDITIONS/CHANGES TO C	EEICEDE A	UD DIRECT	CODS IN 42
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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 informatic 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:**