## PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P98000042600

## FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90021 047 \*\*\*150.00

Principal Place 2438 N. WOOD: IDAHO FALLS I	ECURITY, of Business RUFF AYENU	<u> </u>	P.0	ailing Address D. BOX 1664 AHO FALLS ID 83403			3. Date Incorporated or Qualife	RITE IN THIS		
							05/08/1998			
2. Principal Place of Business			22	2a. Mailing Address			4, FEI Number	^^		plied For
21			26				46-04388	88		t Applicable
Suite, Apt.	Suite, Apt. #, etc.			Suite, Apt. #, etc. [7]			5. Certificate of Status Desired		\$8.75 A	
- City & Stat	e	<del>-</del>	28	City & State	-		Election Campaign Financin     Trust Fund Contribution	g 🗆	\$5.00 Added t	
Zip		Country	120,	Zip	Cour	itry	8. This corporation owes the c	ument year int	angible	_
24	ſ	25	29		30	_	Personal Property Tax.		Yes	<b>M</b> No
		and Address of	Current Regis	tered Agent			10. Name and Address of New	v Registered	Agent	
SIMMONS, T. DEAN 3393 KENNEDY DRIVE VENICE FL 34292						82 Street Add	dress (P.O. Box Number is Not Acce	ptable)		
					Į.	84 City	FL 85 Zip Code			(
11. Pursuant office or n	to the provisi egistered ago m familiar wi	ions of Sections 6 ent, or both, in the th, and accept the	07.0502 and 6 State of Flori obligations of	507.1508, Florida Stat da, Such change was , Section 607.0505, F	tutes, the ab authorized Florida Statu	ove-named cor by the corporal les.	poration submits this statement for t tion's board of directors. I hereby ac	he purpose of cept the appoi	changing its intment as rep	registered gistered
-9										
SIGNATURE								DATE		
SIGNATURE		or printed name of regist		if applicable. (NC			red when reinstating) ADDITIONS/CHANGES TO	DATE		RS IN 12
l	Signature, typed	or printed name of regist	ered agent and title	if applicable. (NC	OTE: Registered	Agent signature requi	red when reinstating)	DATE		
SIGNATURE	Signeture, typed	or printed name of regist OFFICE sident	ered agent and little RS AND DIRI	e applicable. (NC	TE: Registered /	Agent signature requi	red when reinstating)	DATE	ND DIRECTO	RS IN 12
SIGNATURE 12. TITLE	Pre Gar	or printed name of regist OFFICE Sident y Olsen	lared agent and little RS AND DIRI	e applicable. (NC	13. 1.1 TIT 1.2 NA	Agent signature requi	red when reinstating)	DATE	ND DIRECTO	RS IN 12
SIGNATURE  12. TITLE NAME	Pre Gar	or printed name of regist OFFICE Sident y Olsen	lared agent and little RS AND DIRI	# applicable. (NC ECTORS DELETE	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT	Agent signature requir LE ME REET ADORESS Y-ST-ZIP	red when reinstating)	DATE	ND DIRECTO	RS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Pre Gar 500 Ida	or printed name of regist OFFICE sident y Olsen 5 S 9th ho Fall	lared agent and little RS AND DIRI	# applicable. (NC ECTORS	13. 1.1 TT 1.2 NA 1.3 STI 1.4 CTI 2.3 TTI	Agent algneture required.  LE  ME  REET ADORESS  Y-ST-ZIP  LE	red when reinstating)	DATE	ND DIRECTO	RS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Pre Gar 500 Ida Sec	or printed name of regist OFFICE Sident y Olsen	lared agent and little RS AND DIRI	# applicable. (NC ECTORS DELETE	13. 1.1 TIT 12 NA 13 STI 1.4 CIT 2.3 TIT 22 NA	LE ME REET ADORESS Y-ST-ZIP LE	red when reinstating)	DATE	ND DIRECTO	RS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Pre Gar 500 Ida Sec Lee	or printed name of registration of FICE sident y Olsen 5 S 9th ho Fall retary Taylor	E S, ID	# applicable (NC ECTORS  DELETE  83404  DELETE	13. 1.1 TT 12 NA 1.3 STI 1.4 CIT 2.3 TTI 22 NA 2.3 STI	LE  KE REET ADDRESS  Y-ST-ZP  LE  KEET ADDRESS	red when reinstating)	DATE	ND DIRECTO	RS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-8T-ZIP	Pre Gar 500 Ida Sec Lee 243 Ida	or printed name of registration of FICE sident y Olsen 5 S 9th ho Fall retary Taylor 6 N WOO ho Fall	E S, ID	B 3404  B 3403	13. 1.1 TIT 12 NA 1.3 STI 1.4 CIT 2.3 TIT 2.2 NA 2.3 STI 2.4 CIT	LE  LE  ME  REET ADDRESS  Y-ST-ZIP  LE  ME  REET ADDRESS  Y-ST-ZIP	red when reinstating)	DATE	ND DIRECTO	RS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  TITLE  TITLE  TITLE	Pre Gar 500 Ida Sec Lee 243 Ida Dir	or printed norms of registration of FICE sident y Olsen 5 S 9th ho Fall retary Taylor 6 N Woo ho Fall ector	E ID.	# applicable (NC ECTORS DELETE    DELETE   B 3404   DELETE	13. 1.1 TIT 12 NA 1.3 STI 1.4 CIT 2.3 TIT 2.2 NA 2.3 STI 2.4 CT 3.1 TIT	LE	red when reinstating)	DATE	OD DIRECTO Changa Change	RS IN 12 Addition Addition
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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 eath; that I am an officer or director of the corporation of the

SIGNATURE:

OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

4 30 199 (208) 523-512