FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT FLORIDA DEPARTMENT OF STATE P98000048992 CORPORATION Katherine Harris ANNUAL REPORT Secretary of State . 1999----DIVISION OF CORPORATIONS 99 DEC 27 AM 11: 50 8600048999 DOCUMENT # SECRETARY OF STATE 1. Corporation Name TĂLEĂHĂSSEE, FLORIDA cans of iwts Principal Place of Business Mailing Addres #[0] US 4 13 ass 1266 DO NOT WRITE IN THIS SPACE Venice 34292 3. Date Incorporated or Qualifed 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For AME 0865364 SAME 21 26 Not Applicab Suite, Apt. #, etc. Suite, Apt. #, etc \$8:75 Additional 5. Certifcate of Status Desired O 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be ρ 23 28 **Trust Fund Contribution** Added to Fees Country Country 7in Zip 8. This corporation owes the current year Intangible 25 Jas 24 30 Personal Property Tax. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name orporation. Service Co. aron Č?h Street Address (P.O. Box Number is Not Acceptable) 82 1201 1am a mi 83 ahassee, FL 32301-USA 84 City 33948 85 I F a ·e Ο 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 fagetter with, and accept the obligations of, Section 607.0505, Florida Statutes. 3.99 01 5 an (ar ٩, SIGNATURE (NOTE: Re Sign (abno) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. resident TITLE President DELETE Change Addili 1.1 MLE . . . Curtis Landry 2205 F Tamiami Tra Landruf بو منتقبه سيندين Sharon NAME 1.2 NAME Tamami TC 2205F STREET ADDRESS 1.3 STREET ADDRESS Charlotte FE-3394.8 Port 77 33948 arlot CITY-ST-ZP 1.4 CITY-ST-ZIP Change TITLE 🗂 DELETE 2.1 TITLE Additi NAME 2.2 NAME STREET ADORESS 2.3 STREET ADDRESS ÷. -. CITY-ST ZIP 2.4 CITY-ST-ZIP DELETE 🗀 Change - 🗌 Addit TITLE 31TITLE 32 NAME NAME STREET ADDRESS 3.3 STREET ADORESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Change Additi 4.1 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY ST-ZIP 4.4 CITY-ST-ZIP Additi DELETE Change 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 61 TITLE DELETE Change Additi • TILE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 716 64 CITY-ST-7P 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)(), 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: