**PROFIT** CORPORATION ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # DOCO

## FILED Mar 10, 1999 8:00 am Secretary of State 03-10-1999 90035 042 \*\*\*150.00

1. Corporation	NIEW # PASOO	0049916							
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Principal Place	of Business	Mailing Address							
2605-B KURT STREET 2605-B KURT STREET FUSTIS FL 32726 EUSTIS FL 32726									
EUSTIS FL 32726 EUSTIS FL 32726					DO NOT WRITE IN THIS SPACE				
					ĺ	3. Date Incorporated or Qualife	đ	·-	
						06/02/1998-			
	tace of Business	2a. Mailing Add	Iress			4. FEI Number 59-35/322	7	ند-بلب-دا	oplied For ot Applicable
Suite, Apt. 1	# #*	26   Suite, Apt. #	t etc			3/-03/02/		\$8.75	
	w, <del>0</del> 16.	27	r, 0.0.		ļ	5. Certificate of Status Desired	,	Fee Re	
City & State	<del>_</del> <del>_</del>	City & State				6. Election Campaign Financia	J	\$5.00	May Be
23		28				Trust Fund Contribution	<b>,</b>	Added	
Zip	Country	Zip		Country		8. This corporation owes the a	urant year l	ntangible	
24	25	29	30			Personal Property Tax.			□No=~=~
	9. Name and Address of Curi	rent Registered Agent		81 N	ame	10. Name and Address of New	Registere	o Ayent	
BOW	EN, L E III								
	-B KURT STREET			82 Street Addre		ress (P.O. Box Number is Not Acceptable)			
	TIS FL 32726			83				··	
EUSI						·····		- Inc	
FOSI								.  85  Zip (	Code
				1 1	ity		F!	LII	1
	to the provisions of Sections 607.0	1502 and 607.1508, Flor ite of Florida. Such char	rida Statutes, th	1 1	•	ation submits this statement for the sound of directors. I hereby according to the sound of directors and the sound of the	e purpose of ept the appr	LII	registered gistered
11. Pursuant I office or re agent, I ar	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli			he above na rized by the Statules.	med corporation		e purpose of ept the appoint	LII	registered gistered
11. Pursuant I office or re agent. I ar SIGNATURE	Signature, typed or printed name of registered of	agent and title if applicable.	(NOTE: Regis	he above na rized by the Statutes.	med corporation	then (einstating)	ept the appo	of changing its pintment as re	
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11. Pursuant I office or re agent, t ar SIGNATURE  12. ITILE NAME STREET ADDRESS	Signature, typed or printed name of registered OFFICERS.  D PRICKETT, JOHN R JR P 0 BOX 1599	egent and title if applicable. AND DIRECTORS	(NOTE: Regis	he above na rized by the Statules. stered Agent elgr 13. 1.1 TITLE 1.2 NAME	med corporation	then (einstating)	ept the appo	of changing its pointment as re	PRS IN 12
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Indicated on this annual report or supplied with this liling does not quality for the exemption stated in Security 173.07(3), Fortical statutes. Indicated on this annual report or suppliemental 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: