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

PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90200 031 \*\*\*150.00

## DOCUMENT # P98000050208

1. Corporation Name

Principal Place of Business	Mailing Address
4726 LAKEWOOD RD.	4726 LAKEWOOD RD.
SEBRING FL 33872	SEBRING FL 33872

|--|

DO NOT WRITE IN THIS SPACE

				06/03/1998			
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Ap	plied For	
21 6/20		26 6120 Gol	dEN Board	59-3515494	No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<u> </u>	5. Certificate of Status Desired	\$8.75 A		
22		27			<del></del>	<u> </u>	
City & Stat	BRING FL	City & State  28 SEDRING	· , FL	6. Election Campaign Financing  Trust Fund Contribution	\$5.00 Added to		
Zip 332	372 Country,	Zip	Country / /.	/ 8. This corporation owes the current year Ir	tangible		
24	- 25 Highlands	29 <i>338</i> 72 3	o XISh/IANH	Personal Property Tax.		No	
	9. Name and Address of Current F	legistered Agent		10. Name and Address of New Registered	Agent		
1440	TIMET FRIV		81 Name	RTINEZ THERESA			
	TINEZ, ERIK		82 Street Address (P.O. Box Number is Not Acceptable)				
	S LAKEWOOD RD.		6/20	GOHEN ROAD			
SEBI	RING FL 33872		83	•		,	
			84 City		85 Zip C	Code	
			1 77	<u> BRINC</u> FI		872	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the above-named corr	poration submits this statement for the purpose of	f changing its	registered	
office or n	egistered agent, or both, in the State of	Florida. Such change was auti	norized by the corporati	ion's board of directors. I hereby accept the appo	intment as reg	gistered	
agent. I a	m familiar with, and accept the obligation	ns of, Section 607.0303, Florid		ez 01-13-99	7	1	
SIGNATURE	Signature, typed or printed name of registered agent at	d like if Allicable (NOTE: Ri	a Martin egistered Agent signature require	nd when reinstating) DATE		<del></del>	
12.	OFFICERS AND		<b>I</b> 13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	
TITLE	President .	☐ DELETE	1,1 TITLE		☐ Change	Addition	
NAME	Theresa Martine	ح.	1.2 NAME	•			
	6120 Golden Rd.	_	1.3 STREET ADDRESS				
CITY-ST-ZIP		872	1.4 CITY-ST-ZIP	·			
TITLE	150	DELETE	2.1 TITLE		☐ Change	Addition	
NAME	Erik MARtinez		2.2 NAME	•			
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP		33872	2.4 CITY-ST-ZIP				
TITLE	900001119	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE	•	Change	☐ Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS			-	
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE		☐ Change	Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
			CACITY ST 710				

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 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.