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**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name

5263 HARWOOD LANE

LAKE WORTH FL 33467



DOCUMENT # P98000051256

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

5263 HARWOOD LANE

LAKE WORTH FL 33467

## FILED Apr 19, 1999 8:00 am Secretary of State

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DO NOT WRITE IN THIS SPACE

DAVID J. LONG INC. Principal Place of Business Mailing Address

3. Date Incorporated or Qualifed 06/05/1998 Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Country 8. This corporation owes the current year Intangible Zip Country Zip □No **⊠**Yes Personal Property Tax. 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 LONG, ETTASUE 82 Street Address (P.O. Box Number is Not Acceptable) 5263 HARWOOD LANE LAKE WORTH FL 33467 83 Zip Code 85 84 City 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. □ DELETE Change 1.1 TITLE TITLE DAVID J. LONG **CR2E034** 12 NAME NAME 5263 HARWOOD LANE 1.3 STREET ADDRESS STREET ADDRESS LAKE WORM FL 33467-1831 1,4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change [] Addition ☐ DELETE 31 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ DELETE 51TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition 6.1 TITLE □ DELETE TIFLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS STREET PARTY. 6.4 CITY-ST-ZIP

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)(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.

**SIGNATURE:**