PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000052035

FILED Apr 26, 1999 8:00 am Secretary of State 04-26-1999 90141 007 ***150.00

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1105 SE 22ND TERRACE 1105 SE 22ND TERRACE CAPE CORAL FL 33914 CAPE CORAL FL 33914								
ONE COMPLETE MAIL						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
}						06/08/1998		
2. Principal P	Place of Business	2a. Mailing Add	ress			4. FEI Number	Ar	oplied For
21		26				65-0847167		of Applicable
Suite, Apt.	#, etc.	Suite, Apt. #	¥, etc.			5. Certifcate of Status Desired		Additional
22	• • • •	27				or connected a contract beautiful	Fee Re	equired .
City & Stat	te	City & State)			6. Election Campaign Financing		May.Be 📖 🕳 😅
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip		Country	,	8. This corporation owes the current		
24	25	29	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Curren	nt Registered Agent			T	10. Name and Address of New Reg	ustered Agent	
	C CDANK I			. 81	Name			
	LE, FRANK L			82	Street Ad	idress (P.O. Box Number is Not Acceptable	e)	
1105 SE 22ND TERRACE								
CAP	PE CORAL FL 33914			83	ŀ			
}	•			84	City		85 Zip	Code
ļ					•		FLI	
office of a	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such charactions of, Section 607	nge was author .0505, Ftorida :	rized by Statutes	the corpora	exporation submits this statement for the pu ation's board of directors. I hereby accept t	he appointment as re	gistered
SIGNATURE		and the Management	ANOTE: Beste	sternd Acer	d eigenet un nen		DATE	
12.	Signature, typed or printed name of registered age							
	OFFICERS AN					ured when reinstating) ADDITIONS/CHANGES TO OFFICE		ORS IN 12
		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC		ORS IN 12
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I nergoy ceruly that the information supplied with this filling does not quality for the exemption scaled in Section 118.07(3)(), Fiorida Statutes. I further ceruly risk the 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.

FICER OR DIRECTOR SIGNATURE:

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