

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Mar 17, 1999 8:00 am Secretary of State 03-17-1999 90048 045 \*\*\*150.00

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310 10TH AVE.		310 10TH AVE. N. SAFETY HARBOR FL 34695						
SAFETY HARBO	JH FL 34635	SHEET HANDON EL 34030			DO NOT WRITE	IN THIS SPACE		_
					3. Date Incorporated or Qualifed		•	1
1					06/12/1998			l
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	<b>M</b> Apr	plied For	1
		26			1	Not	Applicable	1
21   26   Suite, Apt. #, etc.   Suite, Apt. #, etc.						\$8:75 A	_	
22	,	27			5. Certificate of Status Desired	Fee Rec	periup	
City & Stat	te -	City & State			6, Election Campaign Financing	\$5.00	May Be	1
23		28	<del></del>		Trust Fund Contribution	Added to		۳
Zip	Country	Zip	Country		8. This corporation owes the current	t vear Intangible		١
24	[25]	29 3			Personal Property Tax.		□No	l
441	9. Name and Address of Current		<u> </u>		10. Name and Address of New Re	gistered Agent		1
			81 (	Name	•		•	]
VOG	it, Jeffery D			<u> </u>				ł
	10TH AVE. N.		82 5	Street Apore	ess (P.O. Box Number is Not Acceptable	<b>e</b> )		
l safi	ETY HARBOR FL 34695		83					1
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			84	City		FL 85 Zip C	ode	
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office or r	registered agent, or both, in the State of	f Florida. Such change was aut	norized by the	e corporatio	in's board of directors. I hereby accept it	the appointment as reg	istered	l
office or r agent. I a	registered agent, or both, in the State o im familiar with, and accept the obligation	f Florida. Such change was aut ons of, Section 607.0505, Florid	norized by the Statutes.	e corporatio	oration submits this statement for the pun's board of directors. I hereby accept to	the appointment as reg	istered	
office or r agent. I a	·						gistered	_
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: RI	agistered Agent si		i when reinstating)	DATE		86
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and little if applicable (NOTE: RI ) DIRECTORS	agistered Agent si			DATE		11/98)
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable (NOTE: RI	13.		i when reinstating)	DATE CERS AND DIRECTOR	RS IN 12	4 (11/98)
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered agent OFFICERS AND D VOGT, JEFFERY D	and little if applicable (NOTE: RI ) DIRECTORS	13. 1.1 TITLE 1.2 NAME	gneturo required	i when reinstating)	DATE CERS AND DIRECTOR	RS IN 12	1034 (11/08)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND D VOGT, JEFFERY D 337 BAYSHORE BLVD. S	and little if applicable (NOTE: RI ) DIRECTORS	13. 1.1 TITLE 12 NAME 1.3 STREET AD	gneture required	i when reinstating)	DATE CERS AND DIRECTOR	RS IN 12	22F034 (11/98)
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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.

6.3 STREET ADDRESS

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STREET ADDRESS