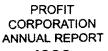
## **FILED** May 05, 1999 8:00 am Secretary of State

05-05-1999 90029 041 \*\*\*150.00

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FLORIDA



	1999	1		DIVIS	ii( 							
I. Corporation	MENT # PC		57	7135					* <sup>5</sup> 589629 <sup>9</sup> - 90608 -	, 9 14	*	
Principal Place	s of Business		Ma	iling Address					-	H INNE HA	<b>11</b> \$11\$1 BIR 1 <b>4</b> BI	
1210 STATE STREET				PO BOX 1573								
BUNNELL FL 32		BUNNELL FL 32110						DO NOT WRITE IN THIS SPACE				
									3. Date Incorporated or Qualifed			7
									06/25/1998			
2. Principal Place of Business				2a. Mailing Address					4. FEI Number 352 3505		opplied For	-
21			26						59-3523303		lot Applicable Additional	1
Suite, Apt.	#, etc.			Suite, Apt. #	, etc.				5. Certificate of Status Desired	•	Required	
City & Stat	R		27	City & State					6. Election Campaign Financing	\$5.0	May Be	1
23	•		28	-					Trust Fund Contribution	Adde	i lo Fees	1
Zip	Count	у		Zip	·	Country			8. This corporation owes the current year Inta	ngible Yes	□No	
24	25		29	Land Arent	30	т			Personal Property Tax.  10. Name and Address of New Registered A			1
	9. Name and Addn	ess of Current H	egisi	tated Affect		81	Name		10. 110110 0101111111111111111111111111	Z		1
CHAMBERS, JAMES M						82	Ctmot	Addra	ss (P.O. Box Number is Not Acceptable)			1
345 BEVILLE RD, STE 107								Audio	garess (P.O. Box Number is Not Acceptable)			
SOU	TH DAYTONA FL 32	119				83						
						84	City		FL	85 Zig	Code	1
				7 1500 Flori	ide Clob doe	ba above		cocoo	-Non auto-the this statement for the purpose of a	hanoing I	ts registered	┨
affice of a	mointared agent of both	n the State of		a. Such chan	me was euco	RIZECI DV	are con	corption	ration submits this statement for the purpose of c n's board of directors. I hereby accept the appoint	ment as	registered	
agent. 1 a	m familiar with, and acc	ept the obligation	ns of,	Saction 607.	uouo, rionida	Significa	•					
SIGNATURE	Signeture, typed or printed name	e of registered agent as	ed table of	r applicable.	(NOTE: Reg	istered Ager	t agnatura	required	when reinstating) DATE			4 3
12.	(	FFICERS AND	DIRE		F1 F7T	13.	··········	1532	ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12	1
TITLE				£ u	ELETE	1.1 TITLE 1.2 NAME		PKE	edako era etkako.	الواسان وسا	<u> </u>	
NAME						13 STREET	ADORESS	19	ADDITIONS CHANGES TO OFFICERS AND STOCKET SECRETARY FRANCISCO CHARO WESTLAKE OH MISSISSEME & Rel			
STREET ADDRESS						1.4 CITY-5		MI.	STUSAUGA, ONIAZIO L	511 6	108	
TITLE			☐ DELETE 2.1 TI				1		Change	a Addition	1	
NAME						2.2 NAME						
STREET ADDRESS						2.3 STREE	ADDRESS					
CITY-ST-ZIP				~ <del>~~~</del>	ELETE	2 4 CITY-5	7-ZP			[] Change	Addition	1
TITLE				LJL	ELEIE	3.1 TITLE 3.2 NAME				C 0		
NAME STREET ADDRESS						3.3 STREET	ADDRESS					
CITY-ST-ZIP					1	3.4. CITY-5	T-ZIP					1
TIPLE					ELETE	4.1 TITLE				Change	e Addition	1
NAME						4.2 NAME						
STREET ADDRESS					I	4.3 STREE		·]				
CITY-ST-ZIP					ELETE	4.4 CITY-5 5.1 TITLE	T-ZIP	┼		Change	Addition	1
TITLE				0.0	CLETC	52 NAME						
NAME					1	5.3 STREE	TADDRESS					
STREET ADDRESS CITY-5T-ZIP					1	5.4 CITY-S					···	1
TITLE					ELETE	8.1 TITLE		T		Change	Addition	
NAME					1	6.2 NAME						
STREET ADDRESS						6.3 STREE		1	·			
CITY 5T. 719	Į.				ì	6.4 CMY-5	T-ZIP	1				۔

14. I hereby certify that the information supplied with this filing does not qualify for the examption 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 each; that I am an officer or director of the corporation or the professor trustee employered to except this report as required by Chapter 807. 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 employered.

NO OFFICER OF DIRECTOR