FILED May 10, 1999 8:00 am Secretary of State

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

PROFIT CORPORATION **ANNUAL REPORT**

TITLE

TTLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

	1999		DIVISION OF C	ORPORATIONS		05-10-1999 9	0069 049 ***150	0.00
DOCU 1. Corporation LJE, 1N	OIT INDING	8000058	3897					
Principal Plac	ce of Business	Mai	ling Address					
7427 DRIFTING		DRIFTING SAND DRIVE						
ZEPHYRHILLS	FL 33544	ZEP	HYRHILLS FL 33544			******		
					3.	DO NOT WRITE DO NO	E IN THIS SPACE	
						07/01/1998		
	Place of Business	├	2a. Mailing Address		4.	FEI Number	A	pplied For
Suite, Apt	. #. etc.	26	Suite, Apt. #, etc.			59-351901		lot Applicable
22	,	27	oute, Apr. #, etc.		5.	Certifcate of Status Desired	1 1	Additional lequired
City & Sta	te		City & State		6.	Election Campaign Financing	\$5.00	May Be
23 Zip	Country	28				Trust Fund Contribution	Added	to Fees
24	Country 25	29	Zip	Country	8.	This corporation owes the curre		
	9. Name and Address		red Agent	7	10	Personal Property Tax. Name and Address of New Re	Yes	□No
AND				81 Name	_	_	agistored Agetit	
ANDERSON, DELIA M 38048 MERIDIAN AVENUE 82 Street Address						A. EDWARDS P.O. Box Number is Not Accepted	alo)	
DADE CITY FL 33525				74	127 E	DRIFTING SAND	DR_	
5,10				83				
İ				84 City _	7		85 Zip	Code
11. Pursuant	to the provisions of Section	ns 607 0502 and 607	1508 Florida Statutes	the above named	EPH.	YRHILLS		ァンベィフィ
office or r agent, I a	registered agent, or both, in familiar with, and accept	n the State of Florida	Such change was auti	horized by the corp	oration's bo	n submits this statement for the poard of directors. I hereby accept	the appointment as re	registered egistered
SIGNATURE	Delica a.	Elward	DEBRI	A A. FOWAR	05 V	ALT POLL TONT	4/22/2	9
	Signature, typed or printed name of	registered agent and title if a	oplicable (NOTE: Re	egistered Agent signature i	required when n	CE PRESIDENT	DATE	'
TITLE	DP OFF	FICERS AND DIREC	TORS DELETE	13.	·	ADDITIONS/CHANGES TO OFF		
NAME	EDWARDS, LARRY J		- Detrie	1.1 TITLE 1.2 NAME			Change	Addition
STREET ADDRESS	7427 DRIFTING SAND	DORIVE		1.3 STREET ADDRESS				
CITY-ST-ZIP	ZEPHYRHILLS FL 335	544		1.4 CITY-ST-ZIP				
TITLE	STD		☐ DELETE	2.1 TITLE	VICE	PRESIDENT	Change	Addition
NAME	EDWARDS, DEBRA A			2.2 NAME	[·		
STREET ADDRESS	7427 DRIFTING SAND			2.3 STREET ADDRESS				
CITY-ST-ZIP TITLE	ZEPHYRHILLS FL 335	<u> </u>	□ pci ste	2.4 CITY-ST-ZIP				
NAME			☐ DELETE	3.1 TITLE			Change	☐ Addition
STREET ADDRESS				3.2 NAME				
CITY-ST-ZIP			1	3.3 STREET ADDRESS 3.4. City-St-Zip				
TITLE			☐ DELETE	4.1 TITLE			Change	Addition
NAME				4. 2 NAME			C. Shange	- voorgon
STREET ADORESS				4.3 STREET ADDRESS				
CITY-ST-ZIP				44000/07 700				

CITY-ST-ZIP 6.4 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.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

Change

Change

Addition

☐ Addition