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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000060362

Principal Place of Business	Mailing Address
4617 SUMMERWIND CT PLANT CITY FL 33567	4617 SUMMERWIND CT PLANT CITY FL 33567

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90240 038 ***158.75

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Principal Place 4617 SUMMERN PLANT CITY FL	WIND CT	Mailing Address 4617 SUMMERWIND CT PLANT CITY FL 33567					
					DO NOT WRITE IN THIS	SPACE	
	~	لينين المساري	_	~-~	3.—Date Incorporated or Qualifed		
					07/06/1998		
2. Principal P	Place of Business	2a. Mailing Address (),			4. FEI Number	Apr	lied For
21		26			593534026	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		~	5. Certifcate of Status Desired	\$8.75 A	,
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00 N	Jay Bo
23		28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Country		8. This corporation owes the current year Int		
24	25	——————————————————————————————————————	30		Personal Property Tax.		□No
	9. Name and Address of Current		~		10. Name and Address of New Registered		
LUF	ra, mary i		81	Name		<u> </u>	
220	W BRANDON BLVD STE 101		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
BHA	INDON FL 33511		83				
			84	City	FL		
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligation	f Florida. Such change was aut	thorized by	the corporatio	oration submits this statement for the purpose of n's board of directors. I hereby accept the appoint	changing its r ntment as reg	egistered istered
SIGNATURE		Alexander			when reinstating) DATE		(
12.	Signature, typed or printed name of registered agent OFFICERS ANI	— 	13,	t signature required	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	25 IN 12
TITLE	OI TICERS AND	DELETE	1.1 TITLE	P	ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition
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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: