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 # P98000065338

iress
NA BEACH FL 32937
Address
pt. #, etc.

FILED Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90084 024 ***150.00



DO NOT WRITE IN THIS SPACE

					3. Date Incorporated or Qualifed		
		•			07/24/1998		
2. Principal Pl	rincipal Place of Business 2a. Mailing Address				4. FEI Number	A	oplied For
21	26				59-3526083	_ N	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 22					5. Certifcate of Status Desired		Additional equired
City & State City & State				 -	6. Election Campaign Financing	\$5.00	Mav Be
23	28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country	≠	8. This corporation owes the current year Int		17 7.
24 25 29 30			0		Personal Property Tax.	☐ Yes	No
	9. Name and Address of Currer	nt Registered Agent		T-:	10. Name and Address of New Registered	Agent	
			81	Nam			
	KEY, BETTY L		82	Stree	Address (P.O. Box Number is Not Acceptable)	•	
1363	B HWY A1A		-	00			•
SATI	SATELLITE BEACH FL 32937						
			84	City	· FL	85 Zip	Code
11 Dureuant	to the provisions of Sections 607 050	2 and 607.1508. Florida Statutes	the abov	/e-name	d comparation submits this statement for the ournose of	changing its	s registered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth	norized by	the cor	poration's board of directors. I hereby accept the appoi	ntment as re	egistered
SIGNATURE	Signature, typed or printed name of registered age				required when reinstating) DATE		
40		ND DIRECTORS	13.	int signatur	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	ORS IN 12
12.	D OFFICERS AN	DELETE	1.1 TITLE		TABLITICIO/ON/MOZO TO ON MOZINO MA	Change	Addition
1	. —		1.2 NAME		,		
NAME	DICKEY, BETTY L		1				}
STREET ADDRESS	1363 HWY A1A		1	TADDRES			Ì
CITY-ST-ZIP	SATELLITE BEACH FL 32937	☐ DELETE	1.4 CITY-8	ST-ZIP	Vice President/Director	Change	☐XAddition
TITLE		C DECE IE	2.1 TITLE		•	Change	Cap recision
NAME			2.2 NAME		Harry D. Barton]
STREET ADDRESS			2.3 STREE	TADORES	· I		ſ
CITY-ST-ZIP			2.4 CITY-	ST-ZIP	Satellite Beach, FL 32937		
TITLE		DELETE	3.1 TITLE		Secretary/Director	☐ Change	X Addition
NAME			3.2 NAME		Leonard D. Ross		Ì
STREET ADDRESS			3.3 STREE	T ADDRES	448 Coach Road		
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	Satellite Beach, FL 32937		
TITLE		☐ DELETE	4.1 TITLE		Treasurer/Director	☐ Change	☐ Addition
NAME			4. 2 NAME		James F. McKay		
STREET ADDRESS			4.3 STREE	T ADDRES	_		
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP	Indialantic, FL 32903		
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				i
STREET ADDRESS			5.3 STREE	TADDRES	s		
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			i
TITLE		DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME	1				•		
			6.2 NAME				l
STREET ADDRESS			1	T ADDRES	S		l

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.