## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

4000



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Jul 26, 1999 8:00 am Secretary of State

07-26-1999 90007 016 \*\*\*550.00

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DOCUMENT #  1. Corporation Name	P980000	)66189 V		<b>1</b>
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Principal Plac 7880 245TH S MYAKKA CITY	TREET EAST	Mailing Address 7880 245TH STREET EAS MYAKKA CITY FL 34251	τ			DO NOT WRI  3. Date Incorporated or Qualified  07/27/1998		SPACE		<b> </b>
2. Principal Place of Business 2a. Mailing Address				*****	4 FELNumber	, ,		Applied For		
21 26					65-08538	<u>'/                                     </u>		Not Applicabl	e	
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired			5 Additional	
22					•		Required	_		
	City & State City & State					6. Election Campaign Financing Trust Fund Contribution			0 May Be ed to Fees	ļ
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				81	Name		_			
	WLES, PATRICK W				Ot	Ideas (II O Bay Number in Not Assent	able)			
	0 245TH STREET EAST			82	Street Ad	dress (P.O. Box Number is Not Accepta	able)			
MY.	AKKA CITY FL 34251			83						_
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				84	City		FL	85 Z	ip Code	ł
office or agent. I	registered agent, or both, in the State am familiar with, and accept the obligation	of Florida. Such change was a ations of, section 607.0505, Florida.	autnorize orida Sta	ea by ti atutes.	ne corpora	ation's board of directors. I hereby accept	л ше арроп	illineiit as	registered	
SIGNATURE	Signature, typed or printed name of registered ages	nt and title if applicable. (No	OTE: Regist	tered Age	ent signature r	equired when reinstating)	DATE			_]
12.		nt and title if applicable. (No	OTE: Regist		ent signature r	equired when reinstating)  ADDITIONS/CHANGES TO OF		D DIREC		
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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 the address.

**SIGNATURE:** 

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-12-99

941-322-1315

Daytime Phone #