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 # P98000067141

Principal Place of E	Business	Mailing Address			
4641 RYALS ROAD ZEPHYRHILLS FL 33	3541	4641 RYALS ROAD ZEPHYRHILLS FL 33541			
2. Principal Place	of Business	2a. Mailing Addres			
Suite, Apt. #, et		26 Suite, Apt. #, e			
21		26			

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90145 046 ***150.00



						-			
Principal Place of Business Mailing		Mailing Addres	ss						
1641 RYALS ROAD ZEPHYRHILLS FL 33541		4641 RYALS ROAD ZEPHYRHILLS FL 33541				DO NOT WRITE IN THIS SPACE			
						 Date Incorpora 07/31/1998 			
Principal Place of Business 2a, Mailing Address		dress			4. FEI Number			Applied For	
1		26				59-35	26834	<u> </u>	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27		#, etc.			l e Cortifosto of Status Desired '		75 Additional e Required		
City & State City & State		e			6. Election Campa Trust Fund Cor	11	\$5.00 May Be Added to Fees		
Zip	Country	Zip 29	Zip Country			8. This corporation Personal Prope	n owes the current year arty Tax.	Intangible Yes	MNο
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent						
HORN	. JOYCE M			81	Name		, , , , , , , , , , , , , , , , , , ,		
4641 RYALS ROAD ZEPHYRHILLS FL 33541		82	Street Addre	ddress (P.O. Box Number is Not Acceptable)					
			83						
				84		1,1071	F	·L `L	Zip Code
office or rea	the provisions of Sections 607. istered agent, or both, in the St familiar with, and accept the ob	ate of Florida. Such cha	inge was authorize	d by	the corporation	ration submits this st n's board of directors	atement for the purpose . I hereby accept the ap	of changir pointment	ng its registered as registered
SIGNATURE _			(NOTE 8- ' :	4 4 2 2 3		· · · · · · · · · · · · · · · · · · ·	DATE		
	gnature, typed or printed name of registered			_	nt signature required		ANGES TO OFFICERS	AND DID	CTOPS IN 12
12.	OFFICERS	AND DIRECTORS	13.			ADDITIONS/CH	ANGES TO OFFICERS	WIND DIVE	CIOND IN 12

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Rec	gistered Agent signature req	uired when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS	(INC) I THE	13.	ADDITIONS/CHANGES TO O	FFICERS AND DIRECTO	RS IN 12
TITLE	D DE	ELETE	1.1 TITLE		☐ Change	Addition
NAME	HORN. FREDDIE D		1.2 NAME		•	
STREET ADDRESS	4641 RYALS ROAD		13 STREET ADDRESS			
CITY-ST-ZIP	ZEPHYRHILLS FL 33541		14 CITY-ST-ZIP			
TITLE	D □ 08	ELETE	2.1 TITLE		☐ Change	Addition
NAME	COOK, DAN		2.2 NAME			
STREET ADDRESS	7840 POND'S EDGE LANE		2.3 STREET ADDRESS			
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	_	2. 4 CITY-ST-ZIP			
TITLE	DV DE	ELETE	3.1 TITLE		☐ Change	☐ Addition
NAME	TIMMONS, EDWARD R		3.2 NAME			
STREET ADDRESS	36550 EILAND BLVD.		3.3 STREET ADDRESS			
CITY-ST-ZIP	ZEPHYRHILLS FL 33541		3.4. CITY-ST-ZIP			
TITLE	P DE	ELETË	4.1 TITLE	•	☐ Change	_ Addition
NAME.	COOK, NANCY D		4. 2 NAME			
STREET ADDRESS	7840 POND'S EDGE LANE		4.3 STREET ADDRESS			
CITY-ST-ZIP	ZEPHYRHILLS FL 33540		4.4 CITY-ST-ZIP			
TITLE	ST DE	ELETE	5.1 TITLE		Change	Addition
NAME	HORN, JOYCE M		5.2 NAME			
STREET ADDRESS	4641 RYALS ROAD		5.3 STREET ADDRESS			
CITY-ST-ZIP	ZEPHYRHILLS 33 541		5.4 CITY-ST-ZIP			Fred A 1 (9)
TITLE	□ DE	ELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS	,		
CITY-ST-ZIP			6.4 CITY-ST-ZIP	The late of the la	1.6. 4b. 4b. 4b. 1	

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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR