**PROFIT** CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

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Secretary of State

DIVISION OF CORPORATIONS

## Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90032 032 \*\*\*158.75

1. Corporation EVELENI		068960							
Principal Place	of Business	Mailing Address				I 1781/1881 //8 (m:m: (#15) partt dates dares da	HR Biffit iften i faird	Dirin Adis 1991	
1886 FOLKSTO		1888 FOLKSTONE RD				1			
TALLAHASSEE FL 32312 TALLAHASSEE FL 32312						DO NOT WRITE IN TH	IIS SDACE		
						3. Date incorporated or Qualifed	IIS SPACE		1
						08/07/1998			ļ
<b>A B C C C C C C C C C C</b>	- A Decision	2a. Mailing Address		<del></del>		4. FEI Number	Api	olied For	1
						592531634	<del>                                      </del>	Applicable	1
21	# etc	Suite, Apt. #, etc.	Suite, Apt. #, etc.			/	\$8.75 A	dditional	<b>T</b> .
22	*, <del>*</del>	27	<b>¬</b>			5. Certificate of Status Desired	Fee Re	quired	
City & Stat	A	City & State				6. Election Campaign Financing	\$5.00	May Be	
23	_	28				Trust Fund Contribution	Added to	Fees	<u> </u>
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year	Intangible		
24	25	29	30			Personal Property Tax.		Mo	1
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registers	d Agent		4
				81 Name		·			
KOPPLE, EVELYN C				82 Street	Addre	ss (P.O. Box Number is Not Acceptable)			1
	FOLKSTONE RD								1
TALE	AHASSEE FL 32312			83					1
				84 City		F	<b>L</b> 85 Zip C		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida State	ıtes, the al	pove-named	corpo	ration submits this statement for the purpose	of changing its	registered	ĺι
office or n	egistered agent, or both, in the State of	of Florida. Such change was lone of Section 607,0505. Fi	authorized orida Stati	by the corputes.	oration	ration submits this statement for the purpose i's board of directors, I hereby accept the ap-	XONUTURUS SES 101	ustereu	
	in the state of the second								'
SIGNATURE	Signature, typed or printed name of registered agent			Agent signature	equired	when reinstating) CATE	ALIE GIREOTO	00 (1) 42	<b>∮</b> ଛ
12.	OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II			CR2E034 (11/98)
TILE .	DELETE			1.1 TILE P		. , ,			=
NAME	AME TO THE STATE OF THE STATE O		1.2 NAME		EV	elyn Kopple 16 Folkstone Rd			불
STREET ADDRESS	2 - 2 - 2					16 FOLKS TONE YOU			12
CITY-ST-ZIP				1.4 CITY-ST-ZIP		11., Fl. 32312	Change	Addition	15
TITLE	<u> </u>	☐ DETELE		21 TITLE V		mand kample			
NAME I TO THE TELEPOOR						nard Koppie			
_STREET ADDRESS		•.			188	6. Folkstone Rd	•		1
CITY-ST-ZIP	27 32 C 27 32 C			2.4 C/TY-ST-ZIP 3.1 TITLE		11. FI. 36312	Change	Addition	1
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STREET ADDRESS	•		1						ł
CITY-ST-ZIP	<u> </u>	☐ DELETE	4,1 TO	TY-ST-ZIP	<del>                                     </del>		Change	Addition	1
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NAME	EET ADDRESS			4.2 MANE 4.3 STREET ADDRESS					,
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CITY-ST-ZIP	<u> </u>	D DELETE		4.4 CITY-ST-ZIP 5.1 TITLE			Change	☐ Addition	1
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STREET ADDRESS			5.3 ST	REET ADDRESS					Ι΄
CITY-ST-ZIP			5.4 CI	TY-ST-ZIP	ļ				] .
TITLE		☐ DELETE	6.1 TI	Œ			Change	Addition	1
NAME			5.2 N	ME					1
STREET ADDRESS			6.3 ST	REET ADDRESS					ı
CITY-ST-ZiP	[		6.4 CF	TY-ST-ZIP	ļ				

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:

ALLEE REQUIRED