**PROFIT** CORPORATION



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

## FILED Apr 23, 1999 8:00 am Secretary of State

ANN	1999		Secretary of State  DIVISION OF CORPORATIONS			04-23-1999 90028 009 ***150.00			
). Corporation	MENT # P9		420				Name and (88) 88/16 81	11 m 11 m/1 4 m/1 1 m/1	
Principal Plac	e of Business	Maili	ng Address			i imbridåt tið jalus íðitt díkku aður		ich lidit sait inat	
15621 PEACE			PEACE BLVD						
SPRING HILL I	FL 34610	SPHII	IG HILL FL 34610		į.	DO NOT WRITE	IN THIS SPACE		
					1	Date Incorporated or Qualifed 08/10/1998			
2. Principal P	Place of Business	2a. N	lailing Address		1	I, FEI Number		Applied For	ŀ
21		26				59-3524128		tot Applicable	•
Suite, Apt.	#, etc.	27	uite, Apt. #, etc.			5. Certificate of Status Desired		Additional Required	
City & Sta	to		ity & State			5. Election Campaign Financing Trust Fund Contribution		May Be	-
Zip	Country	, 28 Z	<u> </u>	Country		3. This corporation owes the curren		3 12 - 555	
24	25	29		30		Personal Property Tax.	Yes	□No	
	9. Name and Addre	ss of Current Registe	red Agent	61 Name	<del></del>	Name and Address of New Re	gistered Agent		
STIE	ER, PAM	Marson R	Da 00		<u></u> 上	am toc_			
36	E WELLINGTON DRIVE	GOOGLA		82 Street	Address	(P.O. Box Number is Not Acceptable)	<b>5</b> )		
HO	JDAY FL 34691	£Ψ		83		<del>Z</del> Ę		1	
/				84 City			85   Zis	Code	
				1 1 7	<u> </u>	inb Hill	FL 3	الإمالا	
11. Pursuani office or	to the provisions of Secti registered agent, or both,	ons 607:0502 and 607 in the State of Florida	.1508, Florida Statute: Such change was au	s, the above-named thorized by the corp	corporati oration's i	on submits this statement for the popular of directors. I hereby accept to	the appointment as	registered	
agent. I a	am familiar with and asse	pt the obligations of	ection 607.0505, Flori	da Statutes.				1	
SIGNATURE	Signaturi, typed of direct name	of legislated agent and title ye	(NOTE: I	lagistered Agent signature	required when		DATE		8
12.		FFICERS AND DIREC		13.	127 1	ADDITIONS/CHANGES TO OFFIC		ORS IN 12	\$
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STREET ADDRESS	;			6.3 STREET ADDRESS				1.	
CITY-ST-ZIP				64 CITY-ST-ZIP		on 119 07(3)(i). Florida Statutes. I ft			

I hereby certify that the ipportmangn supplied with this filling does not quality for the exemptor stated in section in 19.00 (p.g., rounds distinct a fill indicated on this annual report or supplemental annual report is true and assurant and that my signature shall have the same legal effect as if made under outly 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 chapter 607, and an attachment with an address, with all other like empowered.

SIGNATURE: