## 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 # P9800070439

1, Corporation Name

## **FILED** Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90027 040 \*\*\*150.00

	AGE OL'FACTORIE, INC.				
Principal Plac	e of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·	- I TORAIDON ISM ERSAN LOUSI MORTE DANIE BOTTO ADESI TI	EDI) EBI)  81908   119 1811  09)
18320 ORIOLE STREET 18320 ORIOLE STREET LUTZ FL 33549 LUTZ FL 33549					
				DO NOT WRITE IN THIS	SPACE
				<ol> <li>Date Incorporated or Qualified 08/10/1998</li> </ol>	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26 3959 VAN	DYKE RD.	59-3527082	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27 UNIT 23	3 <i>I</i>	5. Certificate of Status Desired	Fee Required
City & Stat	te	City & State	-4	6. Election Campaign Financing	\$5.00 May Be
23		28 LUTZ	FL	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Inta	angible
24	25		30	Personal Property Tax.	ŬYes 12No
	9. Name and Address of Curren	nt Registered Agent		10. Name and Address of New Registered A	Agent
100	E, MARJORIE		81 Name		,
	20 ORIOLE STREET		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
1	Z FL 33549				
1	216 33345		83		
ł			84 City	FL	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,			s the shove-named corn		changing its registered
office or r	registered agent, or both, in the State	of Florida. Such change was au	thorized by the corporation	on's board of directors. I hereby accept the appoin	tment as registered
		+ O d OO 7 O F O F F F F	1 04-4-4-		
	m familiar with, and accept the obliga-	tions of, Section 607.0505, Flori	ida Statutes.	on's board of directors. I hereby accept the appoin	
agent. I a SIGNATURE				<u> </u>	
SIGNATURE	Signature, typed or printed name of registered agen		Registered Agent signature require	od when reinstating) DATE	
	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE:	Registered Agent signature required	nd when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS ANI	
SIGNATURE	Signature, typed or pointed name of registered agen OFFICERS AN	nt and title if applicable. (NOTE:	Registered Agent signature required	od when reinstating) DATE	D DIRECTORS IN 12
SIGNATURE  12.  TITLE  NAME	Signature, typed or pointed name of registered agen OFFICERS AN D LOVE, MARJORIE	nt and title if applicable. (NOTE:	Registered Agent signature required 13. 1.1 TITLE F	nd when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS ANI	D DIRECTORS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN D LOVE, MARJORIE 18320 ORIOLE STREET	nt and title if applicable. (NOTE:	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	nd when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS ANI	D DIRECTORS IN 12
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered agen OFFICERS AN D LOVE, MARJORIE 18320 ORIOLE STREET LUTZ FL 33549	nt and title if applicable. (NOTE:	Registered Agent signature required 13. 1.1 TITLE F	nd when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS ANI	D DIRECTORS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AN D LOVE, MARJORIE 18320 ORIOLE STREET LUTZ FL 33549 D	nt and title if applicable. (NOTE: ID DIRECTORS	Registered Agent signature required  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	nd when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS ANI	D DIRECTORS IN 12
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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 of 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 man attachment with an address, with all other like empowered.

SIGNATURE:

813-960-3230