PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90212 020 ***150.00

DOCUMENT #	P98000071131
	OF THE PALM REACHES, INCORPO

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Principal Place	of Business	Mailing Address				1 30 Bill 881 i i 1 contra dinte di	Erft @Gett BOTTL BATTL	100011100111000	**************	
1651 LAKEFIELD NORTH CT 1651 LAKEFIELD NORTH CT										
WELLINGTON FL 33414 WELLINGTON FL 33414			DO NOT WRITE IN THIS SPACE							
						3. Date incorporated or Qua	lifed			
						08/14/1998		· · · · · · · · · · · · · · · · · · ·		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number			olled For	
26						62-0020	796	\$8.75 A	Applicable	
Sulte, Apt. #, etc.						5. Certificate of Status Desire	ed 🔲	Fee Re		
22 Cit 0 State		27 City & State				6 Election Campaign Finance	ung		May Be	
City.& State		28				Trust Fund Contribution		Added t		
Zip	Country	Zip		intry		8. This corporation owes the	current year in	tangible		
24	25	29	30			Personal Property Tax.	law Danistand	Yes	™ No	
	9. Name and Address of Curren	nt Registered Agent		81	Name	10. Name and Address of N	new vedigisus.	Chair		
HUG	STETTER, JACK									
	LAKEFIELD NORTH CT			82	Street Add	fress (P.O. Box Number is Not Ac	ceptable)]	
1	LINGTON FL 33414			83						
1				-	-			35 Zip (·nda -	
ì				84	City		FL	. []	i	
J								changing its	registered	
11. Pursuant	to the provisions of Sections 607.050	2 and 807.1508, Florida Statu	ites, the a	bove	named con	poration submits this statement for	r the purpose of	intment as re		
11. Pursuant office or r	to the provisions of Sections 607.050, egistered agent, or both, in the Stale in familiar with, and accept the obligations.	12 and 807.1508, Florida Statu of Florida. Such change was a tions of, Section 607.0505, Florida	ites, the a authorized orida Stat	bove- by to utes.	-named con he corporati	poration submits this statement follon's board of directors. I hereby	r the purpose of accept the appo	intment as re	gistered	
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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 suppliemental 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MALE ON THE OF PRINTED NAME OF SIGNING OFFICER OF ORDERTOR

4-30-99

SG 333-9085

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