PROFIT **CORPORATION** ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90071 021 \*\*\*150.00

## DOCUMENT # P98000071241

1. Corporation Name

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22	27										┨
City & State	<b>⊢</b> , ''	City & State			Election Campaign Financing     Trust Fund Contribution     Added to Fees						
23		28			Trust Fund					io rees	┨
Zip Country	Zip	— Conu	цу	8.	This corpor	ration owes	the curre	ant year in	tangible _∐Yes	□No	1
24 25		30			Personal P						<del> </del>
9. Name and Address of	Current Registered Agent	<del></del>	31 Name	10.	Mame and	Apple 88	J NOW K	OB(Sraie)	: Maile		1
JANZEN, DAVID P		- 1	Name	,							_
· · · · · · · · · · · · · · · · · · ·		Ī	32 Street	Address (F	iress (P.O. Box Number is Not Acceptable)						1
120 DOVE CIRCLE	11	1									-
ROYAL PALM BEACH FL 334	"	Į,	33								
		ŀ	34 City						85 Zip (	Code	1
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Pursuant to the provisions of Sections office or registered agent, or both fin the agent. I am (amiliar with and accept the	607.0502 and 607.1508, Florida Statute	s, the ab	ove-name	d corporation	n submits th	is statemer	t for the p	purpose o	f changing its intment as re	registered gistered	1
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SIGNATURE  Spirature, typed by prilling game of region 12.  OFFICI  TITLE  RESIDENT  DAVID JANZEN	stered agent and title if applicable. [NOTE: I	Registered A	gerel signature	VIC.	ADDITIONS PRO	CHANGES	5 TO OFF	SI / DATE	77	PRS (N 12	134 (11/08)
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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 symplement annual report is true and accurate and that my signature shall have the same togal effect as if made under eath; that I am an officer or director of the corporation of the receiver or trustee ampowered 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 attackment with an address, with all other like empowered.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR