## **PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

**DIVISION OF CORPORATIONS** 

## DOCUMENT # P98000072621

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	EVELOPERS, INC.								
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Principal Plac	a of Business	Mailing Address				OCH OBEN IN	FOLG (SELECTION	148 ETROU INEL LANDS	
307 FLORIDA		307 FLORIDA AVENUE							
LAKES WALES FL 33853 LAKES WALES FL 33853									
					DO NOT WRITE	IN THIS	SPACE		_
					3. Date Incorporated or Qualifed				
					08/19/1998				
2. Principal P	lace of Business	Za. Mailing Address			4. FEI Number		<u> </u>	Applied For	1
21		26						Vot Applicable	-
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	<b>_</b>		Additional Required	1
22		27 City & State						<del></del> -	1
City & Stat	ie	City & State		-	6. Election Campaign Financing Trust Fund Contribution	$\supset$		O May Be d to Fees	
Zip	Country	Zip	Coun		8. This corporation owes the current	veat Inta			1
24	25	29	30		Personal Property Tax.	,	Yes	<b>D</b> No	
241	9. Name and Address of Currer		T		19. Name and Address of New Reg	istered /	Agent		1
				1 Name					Ī
KIME	Brough, Linda		\ <u>-</u>	Const A	ddress (P.O. Box Number is Not Acceptable	<u> </u>			1
307 FLORIDA AVENUE			82 Street Add		duress (P.O. Box (40)) Del 15 1401 Acceptable	·,			
<u>Laki</u>	ES WALES FL 33853		Į.	33					
			Į.	14 City			85 Zir	Code	1
			1	1 -		FL			
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	s, the abo	ve named c	orporation submits this statement for the puration's board of directors. I hereby accept the	pose of	hanging i	ts registered	]
office or r	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida, Such change was a viscer of Section 607 0505. Flo	unonzea i	y the corpor	auon's board or directors. I hereby accept to	in abboui	HIIDHL GS	- GRISTOLOG	1
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SIGNATURE 12.	Signature, typed or pretted name of registered age OFFICERS AN	nt and title if applicable. (NOTE	flegistered A 13.	geni algrustura nec	quired when reinstating)	DATE		ORS IN 12	
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for the examption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information courant and that my signature shall have the same legal effect as if made under each; that I am an to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied with this filing does not qualify indicated on this annual report or supplemental annual report is true and a officer or director of the corporation or the regerver or trustee empowered Block 12 or Block 13 if chamgegree on an appendix man address, with

**SIGNATURE** 

**FILED** 

May 05, 1999 8:00 am Secretary of State

05-05-1999 90028 024 \*\*\*150.00

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