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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P98000073460

## **FILED** Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90059 028 \*\*\*150.00

CUIDTIC	D DOCEDE C.D.A. D.A.								
CUNIIS	D. ROGERS, C.P.A., P.A.								
Principal Plac	e of Business	Ma	ailing Address						
163 SEAVIEW			SEAVIEW ST.						
WETROOKNE B	BEACH FL 32951	ME	LBOURNE BEACH FL 32	1951			DO NOT WRITE IN THIS S	SPACE	
							3. Date Incorporated or Qualifed	JI AGE	
							08/20/1998		
2. Principal P	Place of Business	2a.	Mailing Address				4. FEI Number	An	plied For
21		26	<b>3</b>				59-3530128	— <u> </u>	t Applicable
Suite, Apt.	#, etc.	1.0,	Suite, Apt. #, etc.					\$8.75	
22	•	27					5. Certifcate of Status Desired		equired
City & Stat	te		City & State				6. Election Campaign Financing	\$5.00	May Be
23		28					Trust Fund Contribution		to:Fees
Zip	Country		Zip	Соиг	itry		8. This corporation owes the current year Intag	ngible	
24	25	29		30			Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	nt Regis	tered Agent				10. Name and Address of New Registered A	gent	
POC	GERS, CURTIS D				81 N	Name			
	SEAVIEW ST.			F	82 5	Street Addres	ss (P.O. Box Number is Not Acceptable)		
	BOURNE BEACH FL 32951			L				,	
MEL	BOUNNE BEACH FL 32931				83				
				F	84 (	City	FL	85 Zip (	Code
44 Ormaniant	to the manufalors of Continue CO7 OF	00 == 4 60	07 1500 Florido Statuta					honging its	rogistored
office or r	registered agent, or both, in the State	of Florid	la. Such change was ai	uthorized	by the	amed corpor e corporation	ration submits this statement for the purpose of c i's board of directors. I hereby accept the appoint	ment as re	gistered
agent. I a	m familiar with, and accept the obliga	ations of,	Section 607.0505, Flor	ida Statu	tes.		The state of the state of the state of	4.5	,
SIGNATURE				Di		nature required v	when reinstating) DATE	,	
12.	Signature, typed or printed name of registered age	ent and tide ii	appikable (NOTE.	ueñiziaian y	yeni ay	Briatrice redollaria A	when recistating)		I
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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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURI	Ε
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URTIS D. ROGERS