Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90167 018 ***150.00

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 # P98000073687

1. Corporation Name

DHUVV.	, HEAUT & ASS	OULATES F	·A·							
Principal Plac	e of Business	· · · · · · · · · · · · · · · · · · ·	Mailir	ng Address				T (\$0110\$1 TITO TOTAL TOTAL DOTAL DOTAL BOTTL BOX TO TO BOT FILLS OF THE TOTAL SOME TOTAL		
2080 CHANCE				ONG RIDGE DRIVE	FAST					
MOLINO FL 32577				MOBILE AL 36693				DO NOT WOLTE IN THE CRACE		
								DO NOT WRITE IN THIS SPACE		
								3. Date Incorporated or Qualified 08/01/1998		
2 Datastasi C	Name of Business		23 44	niling Addross				4. FEI Number Applied For		
.	Place of Business	-	2a. Mailing Address				63-1206253 Not Applicab			
21 Suite Ant	# 010		Suite, Apt. #, etc.				\$8.75 Additional			
Suite, Apt.	. #, etc.	_					5. Certificate of Status Desired Fee Required			
City & Stat	<u> </u>		City & State				6. Election Campaign Financing 55.00 May Be			
City & State				28				Trust Fund Contribution Added to Fees		
23 Zip	Col	intry	Zi	n	Coul	ntrv		This corporation owes the current year Intangible		
- 7 '	25	y	29	F	30	,		Personal Property Tax.		
24	9. Name and Ad	dress of Curre		red Agent	[30]			10. Name and Address of New Registered Agent		
	v. juine and Ad					81	Name			
	IWN, PENNY D				ļ	82	Street Add	ress (P.O. Box Number is Not Acceptable)		
2080 CHANCE ROAD				ļ			Chocking	NOSS (1.0. DOX (MINDS) to 101. TOTAL DOX		
MOL	JNO FL 32577				l	83				
							0.7	■■ 85 Zip Code		
						84	City	FL 85 Zip Code		
SIGNATURE	Signature, typed or printed	name of registered ag		· · · · · · · · · · · · · · · · · · ·	: Registered	Agen	nt signature require	ad when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	Presider		ND DIRECT	DELETE		LE		☐ Change ☐ Addit		
				<u> </u>	1.2 NA					
NAME	Penm D. 1 2080 Cha	DKOWN					ADDRESS			
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TITLE	. 7,900 F.M.s	Cari	,	ر عادداد ،	- 6.2 NA					
NÀME	1						1			

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 chapted, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850-587-3628

Daytime Phone #