**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000078472

1. Corporation Name

EXPRES	2 RACKCHOUND HESEAN	UT, 114U-							
Principal Place	of Pusiness	Mailing Address				-	8:11 <b>88</b> 111 <b>88</b> 111 1	<b>0 00</b> 0 1000 01 <b>0</b> 00 1	
		•							
1516 S.W. 57TH TERRACE P.O. BOX 150187 CAPE CORAL FL 33914 CAPE CORAL FL 33915									
ORI E SOURCE	E 30014	0,40				DO NOT WR	ITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed	ı		
						09/01/1998			
2. Principal Pl	face of Business	2a. Mailing Address				4. FEI Number		App	plied For
21		26				65-08625	90	Not	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	Π.	\$8.75 A	
22		27				3. Certificate of Citation Desired		Fee Re	quired
City & State	e	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added to	o Fees
Zip	Country	Zip	Countr	У		8. This corporation owes the cur	тепt year Int		_ · ·
24	25	29	30			Personal Property Tax.			□No
	9. Name and Address of Curre	nt Registered Agent		<u> </u>		10. Name and Address of New	Registered	Agent	-
L/FA	TIMO DODEDT I		8	1 Na	me				
	TING, ROBERT L		8:	2 St	eet Addre	ess (P.O. Box Number is Not Accep	table)	········	
	S S.W. 57TH TERRACE								
CAP	E CORAL FL 33914		8	3					
			8	4 Cit	·			85 Zip C	Code
					•		FL	.	
l office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State	e of Florida. Such change was at	Jthonzed b	ve-nai	nea corpo corporatio	oration submits this statement for the n's board of directors. I hereby acce	ept the appoi	ntment as req	gistered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Flor	ida Statute	s.	•	•			
agent. I a	m familiar with, and accept the obligations of the obligation of t	ations of, Section 607.0505, Flor	ida Statute	·s.		when reinstating)	DATE		
agent. I a	m familiar with, and accept the obligations of the obligation of t	ations of, Section 607.0505, Flor	ida Statute	·s.		•	DATE	ID DIRECTO	PRS IN 12
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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 chapted, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90062 048 \*\*\*150.00