**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000078758

1. Corporation Name

City & State

23

24

Zip

Country

Principal Place of Business	Mailing Address		
1339 SOUTHEAST CORAL REEF STREET PORT ST. LUCIE FL 34983	1339 SOUTHEAST CORAL REEF STREET PORT ST. LUCIE FL 34983		
2. Principal Place of Business	2a. Mailing Address		
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		

City & State

28

Zip

29 9. Name and Address of Current Registered Agent FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90184 025 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

3. Date Incorporated or Qualifed

09/11/1998 4. FEI Number

65-0868353

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

SUITE 203 PORT ST. LUCIE FL 34986  1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and mainter with, and accept the obligations of, Sections 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation is board of directors. I hereby accept the appointment as registered agent and submits this statement for the purpose of changing its registered office or registered agent, and accept the obligations of change in a statement for the purpose of changing its registered office or registered agent, and accept the obligations of change in a statement for the purpose of changing its registered office or registered agent, and accept the obligations of change in a statement for the purpose of changing its registered office or registered agent and its familiar and accept the obligations of change in a statement for the purpose of changing its registered office or registered agent and of directors. I hereby accept the appointment as registered office or registered agent and of directors. I hereby accept the appointment as registered agent and office the corporation's board of directors. I hereby accept the appointment as registered agent and office the corporat	*				Name					
PORT ST. LUCIE FL 34986  84   City				82	82 Street Address (P.O. Box Number is Not Acceptable)					
1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  IGNATURE    Signature, hyand or printed name of registered agent and title if applicable.	¥									
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Signature, typed or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  PRISCIA, JOSEPH T  12. NAME  FRISCIA, JOSEPH T  1339 SOUTHEAST CORAL REEF STREET  PORT ST. LUCIE FL 34983  14. CITY-ST-ZIP  PORT ST. LUCIE FL 34983  14. CITY-ST-ZIP  PORT ST. LUCIE FL 34983  12. NAME  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. CITY-ST-ZIP  PORT ST. LUCIE FL 34983  14. CITY-ST-ZIP  PORT ST. LUCIE FL 34983  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. CITY-ST-ZIP  PORT ST. LUCIE FL 34983  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15. ADDITIONS/CHANGES	office or r	registered agent, or both, in the State of Florida, Such	change was author	orized by	the corpo	corporation submits this statement for the purpose of c oration's board of directors. I hereby accept the appoint	hanging it ment as r	s registered egistered		
2. OFFICERS AND DIRECTORS  ILE D D DELETE D D DELETE D D D D D D D D D D D D D D D D D D	SIGNATURE	Olympia by a december arms of registered agent and little if anglicable	(NOTE: Rec	ustered Azien	signature re	equired when reinstating) DATE				
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FRISCIA, JOSEPH T  REET ADDRESS 1339 SOUTHEAST CORAL REEF STREET PORT ST. LUCIE FL 34983  TY-ST-ZIP PORT ST. LUCIE FL 34983  TREET ADDRESS 14 CITY-ST-ZIP  TREET ADDRESS 17-ST-ZIP PORT ST. LUCIE FL 34983  TY-ST-ZIP  TREET ADDRESS TY-ST-ZIP TREET ADDRESS TY-ST-ZI	TITLE	D	☐ DELETE	1,1 TITLE			☐ Change	☐ Addition		
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TY-ST-ZIP				1.3 STREET	ADDRESS					
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TY-ST-ZIP  PORT ST. LUCIE FL 34983  TY-ST-ZIP  AME  AME  AME  AME  AME  AME  AME  AM	TITLE		DELETE	-			Change	☐ Addition		
### 1339 SOUTHEAST CORAL REEF STREET  ### 1339 SOUTHEAST CORAL REEF STREET  ### 17-ST-ZIP  ### 1339 SOUTHEAST CORAL REEF STREET  ### 12-ST-ZIP  ### 1339 SOUTHEAST CORAL REEF STREET  ### 1349 SOUTHEAST	NAME			2.2 NAME						
2.4 CITY-ST-ZIP		I '		2.3 STREET	ADDRESS					
DELETE   DELETE   3.1   TITLE     Change   Addition		1 1		2.4 CITY-S	T-ZIP					
32 NAME	TITLE	1 0111 01: E001E 1 E 01000	☐ DELETE				Change	☐ Addition		
3.3 STREET ADDRESS   3.4 CITY_ST-ZIP   3.4 CITY_ST-ZIP	NAME			3.2 NAME						
TY-ST-ZIP     34, CITY-ST-ZIP     Change   Addition				3.3 STREET	ADDRESS					
TLE				3.4. CITY-S	T-ZIP					
#REET ADDRESS  4.3 STREET ADDRESS  17. ST. ZIP  4.4 CITY-ST-ZIP  Chance C Addition	TITLE		☐ DELETE	4.1 TITLE			Change	Addition		
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Change C Addition	STREET ADDRESS			4.3 STREET	ADDRESS					
Change C Addition	CITY-ST-ZIP			4.4 CITY-ST	-ZIP	<u></u>				
TE STATE	TITLE		☐ DELETE				Change	☐ Addition		
ME 52 NAME	NAME			5.2 NAME						
TREET ADDRESS 5.3 STREET ADDRESS	STREET ADDRESS			5.3 STREET	ADDRESS					
SACITY ST 71D	CITY-ST-ZIP			5.4 CITY-ST	r-ZIP					
Change Addition	TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition		
AVIE 62 NAME	NAME			6.2 NAME						
6.3 STREET ADDRESS	STREET ADDRESS			6.3 STREET	ADDRESS					
TY-ST-ZIP 6.4 C(TY-ST-ZIP	CITY-ST-ZIP									
4. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	4 4 4 4						C . 45 - 1 45 -	information		

Country

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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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: