PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

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Apr 26, 1999 8:00 am Secretary of State

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Katherine Harris

Secreta y of State DIVISION OF CORPORATIONS

DOCUMENT # P98000082067

CITY-ST-ZP

SIGNATURE:

| ANNETT | es stitches n stl | JFF, INC. | | | | | | |
|--|--|--|--|---|---|---|--------------------------------------|-----------------|
| Principal Place | e of Business | Mailing Address | | | I PROLIMBA IND PRIAL MILL ARENC AL | lisk Andrii Dasda Izesa iibii aan | 8 BILLIL (888) (488) | |
| | | • | 116 S. RIDGEWOOD DRIVE | | J | | | |
| , .,, ., .,, | | SEBRING FL | SEBRING FL | | DO NOT WRITE IN THIS SPACE | | | |
| Ĺ | | | | | Do No i Wki Date In-xorporated or Qualifed | | | ר |
| (| | | | | 09/21/1998 | | | ľ |
| | tone of Punisan | Za. Mailing Address | | | 4. FEI Number | | ppl ed For | ┨ |
| | face of Business | 26 Walking Address | | | 59-3533 | 806 | ot Applicable | 1 |
| 21 Suite, Apt. | # etc | Suite, Apt. #, etc. | | | | \$8.75 | Additional | 1 |
| 22 | n, etc. | 27 | | | 5. *Certifcate of Status Desired | Fee F | equired | } |
| City & State | e | City & State | | | 6. Election Campaign Financing | \$5.00 | May Be |] |
| 23 | | 28 | | | Trust Fund Contribution | | to Fees | |
| Zip | Country | Zíp | Country | | 8. This co poration owes the curr | rent year Intangible | | İ |
| 24 | 25 | 29 | 30 | | Personal Property Tax. | ☐ Yes | []No | 4 |
| | 9. Name and Address of | of Current Registered Agent | | | 10. Name and Address of New | Registered Agent | | 1 |
| DEN | NETT MADI A DENICIE | | 81 | Name | | | | |
| - | NETT, KARLA RENE'E | | 82 | Street Addr | ress (P.O. Box Number is Not Accept | able) | | 1 |
| 1050 W. THOMAS STREET AVON PARK FL 33825 | | | | | | | | 4 |
| AVU | IN PAIN PE 33023 | | 83 | | | | | |
| ł | | | 84 | City | | 85 Zip | Ccde | 1 |
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|) office o'n | moistened shent of both in t | 607.0502 and 607.1508, Florida Stati he State of Florida. Such change was he obligations of, Section 607.0505, Fl | FUIDONZEO DV | INB CONDUIA IC | poration submits this statement for the on's board of directors. I hereby acce | pl the appointment as r | agintered | |
|) office o'n | registered agent, or both, in t im familiar with, and accept the | he State of Florida. Such change was he obligations of, Section 607.0505, Fl | eumonzeo by k rida Statutes. | тв согрога к | on's board of directors. Thereby acce | рі іле арроніпіені аз і | agintered | |
| affice of nagent. I as | registered agent, or both in the familiar with, and accept the standard register. Signature, typed or professions and according to the standard register. | he State of Florida. Such change was he obligations of, Section 607.0505, Floridation of the displacement | FUIDONZEO DV | тв согрога к | on's board of directors. Thereby acce | DATE DATE | | (86) |
| affice or n agent. I a | registered agent, or both in the familiar with, and accept the standard register. Signature, typed or professions and according to the standard register. | he State of Florida. Such change was he obligations of, Section 607.0505, Fl | Euthonzeo by crida Statutes (E: Registered Apen | тв согрога к | d when renstating) | DATE DATE | | (11/98) |
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| SIGNATUR E | registered agent, or both, in the first familiar with, and accept the Signature, typed or prefet han a chine to help the FVST | he obligativins of, Section 607,0505, Fi patered agent and title of applicable INO DERS AND DIRECTORS DELETE E'E | Elinonzeo by crida Statutes. (E: Registered Agen 13. 1.1 TITLE | t signature require | d when renstating) | DATE FICERS / NO DIRECT | ORS IN 12 | E034 (11/98) |
| SIGNATUR : 12. TITLE NAME STREET ADDRE'S | registered agent, or both, in the first familiar with, and accept the storage of prefet and accept the Storage of PVST BENNETT, KARLA RENI | he obligativins of, Section 607,0505, Fi patered agent and title of applicable INO DERS AND DIRECTORS DELETE E'E | Elimonized by ic rida Statutes. 13. 1.1 TITLE 1.2 NAME | t signature require | d when renstating) | DATE FICERS / NO DIRECT | ORS IN 12 | R2E034 (11/98) |
| SIGNATUR E 12. TITLE NAME | signature, speed or profession and accept the signature of t | he obligativins of, Section 607,0505, Fi patered agent and title of applicable INO DERS AND DIRECTORS DELETE E'E | (F): Regettered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET | t signature require | d when renstating) | DATE FICERS / NO DIRECT | ORS IN 12 | CR2E034 (11/98) |
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14. Herebit 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 suppliemental innual 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 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 establishment with an address, with all other like empowered.