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PROFIT CORPORATION 3 ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF COPPORATIONS

DOCUMENT # 8980000 82218

THEREN ROBERH WORDS

Principal Place of Business Mailing Address

Aug 23, 1999 8:00 am Secretary of State

08-23-1999 90006 012 ***558.75

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DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 91211199 2a. Mailing Address 2. Principal Place of Business Applied For 21 6211 COCOS DRIVE SAnse) 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 Trust Fund Contribution Country 8. This corporation owes the current year Intangible AZÜ **™**No 30 Personal Property Tax. 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent GERARD 6A216A2 ROBERT T. MAHER, ESQ. 82 1601 TACKSON SORGET, SUTE TO, FT. NOTERS, FL. 33901 11. 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. I am familiar with and accept the obligations of, Section 607 0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PRESIDENT CARLOR TITLE 1.1 TITLE ☐ Change NAME 1.2 NAME 1.3 STREET ADDRESS STREET ADDRESS BOPE 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Addition 2.1 TITLE Change TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP ☐ DELETE Change ☐ Addition 3.1 TITLE TITLE STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 4.1 TITLE ☐ Change Addition TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change Addition TITLE 51 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE TID F □ DELETE Change Addition 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

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 appliemental 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 corporator or the receiver or trustee emproyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in indicated on this annual report or copplemental annual reporting or director of the corporation or the receives or trust Block 12 or Block 13 if changed, or on an attackingent with ss, with all other like empowered

SIGNATURE:

OFFICER OR DIRECTOR

CR2E034 (11/98)