

PROFIT CORPORATION ANNUAL REPORT



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State . DIVISION OF CORPORATIONS

## FILED Mar 02, 1999 8:00 am Secretary of State 03-02-1999 90083 048 \*\*\*150.00

DOCUI	MENT # P9800	00082903		,							
POPI'S,	n Name				1	(					
POPIO	IIIO.				1	1 1003300 112 11111	iren sain orin ori	<b>1310</b> 1 (0.14 (15)	R 1838 <b>a</b>	1 <b>183</b> 1170 1 <b>38</b> 0	
1					i	1					
Principal Place	n of Business	Mailing Address	<del></del>			1991 991 120   110	THE STATE STATE		ir irini fi	ITM NE ETHE FORMET	
815 8TH AVEN		815 8TH AVENUE WES	ST ·								
PALMETTO FL 34221 PALMETTO FL 34221						DO NOT WRITE IN THIS SPACE					
						Date Incorporated o		THIS SPACE	<u>-                                    </u>	·/	1
				/	_   *	09/21/1998	,		_ \	,	
2 Dringing D	lace of Business	2a. Mailing Address	<del>,</del>		4.	FEI Number		. 7	App	ed For	Λ
21	ISSE OF DESITIONS	26				65-00	5 7609			Applicable	1)
Suite, Apt.	#, etc.	Suita, Apt. #, etc.		_		Certificate of Status	Desired []	• • •		ditional	y
22		27							ee Req		ł
City & Stat	0	City & State	300		6.	Election Campaign			00 N		
23		28	C-1	entry		Trust Fund Contribu			10ed 10	1005	1
Zip	Country	Zip	30	ниу	- 60	This corporation ow Personal Property T		2 Yes	· s [	JNo .	
24	9. Name and Address of Cur			T	10.	. Name and Address		ered Agent			
				61 Name							
	RES, KALLIOPI E			82 Street	Address (f	P.O. Box Number is N	lot Acceptable)				ſ
	8TH AVENUE WEST			0.000	7424,032 (.						ļ
PALI	METTO FL 34221		•	83							l
			•	<b> </b> -				B5	Zip Co	de	1
				84 City							Į
				1 1 1			fartha		11	raictored	
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida SI ate of Florida, Such change w	tatutes, the a	1 1 1	corporatio	n submits this statem	ent for the purpo reby accept the		ng its re	gistered stered	
11. Pursuant office or r agent. I a	to the provisions of Sections 607 egistered agent, or both, in the St in familier with, and accept the ob	0502 and 607.1508, Florida State of Florida. Such change wilgations of, Section 607.0505,	tatutes, the a as authorized Florida Stati	1 1 1	corporatio oration's b	n submits this statem oard of directors. I he	ent for the purpo reby accept the		ng its re as regi	egistered stered	
11. Pursuant office or r agent. I a SIGNATURE	1 March		<b>O</b> .	bove-named by the corp utes.	required when	reinstating)	ent for the purpo reby accept the	se of changing appointment			66
	Signature, Syphic or printed name of registered		tatutes, the as authorized, Florida State	bove-named by the corp utes.	required when		ent for the purpo reby accept the	se of changi appointment	ECTOR	S IN 12	1/98)
SIGNATURE	Signature, Syphic or printed name of registered	egent and title if applicable.	NOTE: Registered	bove-named d by the corp utes.	required when	reinstating)	ent for the purpo reby accept the	se of changing appointment	ECTOR		(11/98)
SIGNATURE	Signature, System or Printed name of registered OFFICERS PRES KAUIONÍ A	egent and till if applicable.  AND DIRECTORS  DELETE	NOTE: Registered	bove-named d by the corp utes.	required when	reinstating)	ent for the purpo reby accept the	se of changi appointment	ECTOR	S IN 12	034.(11/98)
SIGNATURE 12. TITLE	Signature, System or printed name of registered APFICERS	egent and till if applicable.  AND DIRECTORS  DELETE	NOTE: Repistered 13, E 1.1 TI 1.2 NJ 1.3 S1	bove-named d by the corp lifes.  Agent signature	required when	reinstating)	ent for the purpo reby accept the	se of changi appointment	ECTOR	S IN 12	2E034.(11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, System or Printed name of registered OFFICERS PRES KAUIONÍ A	egent and title if explicable.  AND DIRECTORS  DELETE  CLAT	NOTE: Registered 13, E 1.1 TT 1.2 N/ 1.3 S1 1.4 C1	bove-named of by the corputes.  Agent signature  TLE  AME  IREET ADDRESS  TY-ST-ZIP	required when	reinstating)	ent for the purpo reby accept the	se of changing population to the change of t	ECTOR ange	S IN 12	CR2E034.(11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE	Signature, System or Printed name of registered OFFICERS PRES KAUIONÍ A	egent and till if applicable.  AND DIRECTORS  DELETE	NOTE: Registered 13, E 1.1 Tf 1.2 N/ 1.3 S1 1.4 Cf E 2.1 Tf	ibove-named of by the corputes.  I Agent signature  TLE  AME  IREET ADDRESS  TY-ST-ZIP  TLE	required when	reinstating)	ent for the purpo reby accept the	se of changi appointment	ECTOR ange	S IN 12	CR2E034.(11/98)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-S1-ZIP  TITLE  NAME	Signature, System or Printed name of registered OFFICERS PRES KAUIONÍ A	egent and title if explicable.  AND DIRECTORS  DELETE  CLAT	13, E 1.1 T/ 1.2 N/ 1.3 S1 1.4 C/ E 2.1 T/ 2.2 N/	I Agent agrature  TLE  AME  IREET ADDRESS  TLE  AME	required when	reinstating)	ent for the purpo reby accept the	se of changing population to the change of t	ECTOR ange	S IN 12	CR2E034 (11/98)
SIGNATURE  12.  ITILE  NAME  STREET ADDRESS  CITY-ST-ZP  TILE  NAME  STREET ADDRESS	Signature, System or Printed name of registered OFFICERS PRES KAUIONÍ A	egent and title if explicable.  AND DIRECTORS  DELETE  CLAT	13, E 1.1 TT 1.2 NJ 1.3 ST 1.4 CZ E 2.1 TT 2.2 NJ 2.3 ST	I do no named di by the corputes.  I Agent agnature  ILE  AME  IREET ADDRESS  ITY-ST-ZIP  ILE  AME  IREET ADDRESS	required when	reinstating)	ent for the purpo reby accept the	se of changing population to the change of t	ECTOR ange	S IN 12	CR2E034 (11/98)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP	Signature, System or Printed name of registered OFFICERS PRES KAUIONÍ A	egent and title if explicable.  AND DIRECTORS  DELETE  CLAT	13, E 1.1 TT 1.2 NJ 1.3 ST 1.4 CT 2.1 TT 2.2 NJ 2.3 ST 2.4 C	I Agent signature  TLE  AME  IREET ADDRESS  TIT'ST-ZIP  TLE  TLE  TLE  TLE  TLE  TLE  TLE  TL	required when	reinstating)	ent for the purpo reby accept the	se of changing population to the change of t	ECTOR ange	S IN 12	CR2E034.(11/98)
SIGNATURE  12.  ITILE  NAME  STREET ADDRESS  CITY-ST-ZP  TILE  NAME  STREET ADDRESS	Signature, System or Printed name of registered OFFICERS PRES KAUIONÍ A	and the Faphada.  AND DIRECTORS  DELETE  CLIFT  DELETE	13, E 1.1 TT 1.2 NJ 1.3 ST 1.4 CI E 2.1 TT 2.2 NJ 2.3 ST 2.4 C	I Agent agrature  TLE  AME  IREET ADDRESS  TIV-ST-ZIP  TLE  AME  IREET ADDRESS  TIV-ST-ZIP  TLE  TLE  TLE  TLE  TLE  TLE  TLE  TL	required when	reinstating)	ent for the purpo reby accept the	Se of changing appointment  TE  RS AND DIRI  Ch	ECTOR ange	S IN 12 Addition	CR2E034 (11/98)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  TITLE	Signature, System or Printed name of registered OFFICERS PRES KAUIONÍ A	and the Faphada.  AND DIRECTORS  DELETE  CLIFT  DELETE	13, E 1,1T 12,N 1,3 ST 1,4 CT 2,1 TT 2,2 N 2,3 ST 2,4 CE 3,1 TT 3,2 N 1,5 TT 2,2 N 1,5 TT 2,5	I Agent agrature  TLE  AME  IREET ADDRESS  TIV-ST-ZIP  TLE  AME  IREET ADDRESS  TIV-ST-ZIP  TLE  TLE  TLE  TLE  TLE  TLE  TLE  TL	required when	reinstating)	ent for the purpo reby accept the	Se of changing appointment  TE  RS AND DIRI  Ch	ECTOR ange	S IN 12 Addition	CR2E034.(11/98)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  NAME  NAME  NAME	Signature, System or Printed name of registered OFFICERS PRES KAUIONÍ A	grant and title if applicable.  AND DIRECTORS  DELETE  DELETE  DELETE	13, E 1,1 TI 12, NO TE: Registered 13, ST 14, CI E 2,1 TI 22, NO 23, ST 2, 4, CI E 3,1 TI 22, NO 3,3 ST 34, G	Agent agreement of by the corp utes.  TLE AME IREET ADDRESS ITY-ST-ZIP TLE	required when	reinstating)	ent for the purpo reby accept the	Se of changing appointment  TE  RS AND DIRI  Ch	ECTOR ange	S IN 12 Addition Addition	CR2E034 (11/98)
SIGNATURE  12.  ITILE  NAME  STREET ADDRESS  CITY-ST-ZP  TILE  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  NAME	Signature, System or Printed name of registered OFFICERS PRES KAUIONÍ A	and the Faphada.  AND DIRECTORS  DELETE  CLIFT  DELETE	13, TE Registered 13, TE 1,1 TF 12, NO TE 2,1 TF 22, NO TE 2,3 ST 2,4 CE 3,1 TF 22, NO TE 3,3 ST 34, GE 4,1 TF 4,1 TF 1,1	Agent agreement of by the corp utes.  TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP TLE TREET ADDRESS ITY-ST-ZIP TLE TREET ADDRESS ITY-ST-ZIP TLE	required when	reinstating)	ent for the purpo reby accept the	Se of changing appointment  TE  RS AND DIRI  Ch	ECTOR ange	S IN 12 Addition	CR2E034 (11/98)
SIGNATURE  12.  ITILE  NAME  STREET ADDRESS CITY-ST-ZP  TILE  NAME  STREET ADDRESS CITY-ST-ZP  TITLE  NAME  STREET ADDRESS CITY-ST-ZP	Signature, System or Printed name of registered OFFICERS PRES KAUIONÍ A	grant and title if applicable.  AND DIRECTORS  DELETE  DELETE  DELETE	13, 11 12 No. 12	Agent agreture  TLE  AME  IREET ADDRESS  ITY-ST-ZIP  TLE  MAE	required when	reinstating)	ent for the purpo reby accept the	Se of changing appointment  TE  RS AND DIRI  Ch	ECTOR ange	S IN 12 Addition Addition	CR2E034.(11/98)
SIGNATURE  12.  ITILE  NAME  STREET ADDRESS  CITY-ST-ZP  TILE  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  NAME  TITLE  NAME  TITLE  NAME  TITLE  NAME  TITLE  NAME  TITLE	Signature, System or Printed name of registered OFFICERS PRES KAUIONÍ A	grant and title if applicable.  AND DIRECTORS  DELETE  DELETE  DELETE	13, 11 12 No	Agent agreement of by the corp utes.  TLE AME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP TLE IREET ADDRESS	required when	reinstating)	ent for the purpo reby accept the	Se of changing appointment  TE  RS AND DIRI  Ch	ECTOR ange	S IN 12 Addition Addition	CR2E034 (11/98)
SIGNATURE  12.  ITILE  NAME  STREET ADDRESS  CITY-ST-ZP  TILE  NAME  STREET ADDRESS  CITY-ST-ZP	Signature, System or Printed name of registered OFFICERS PRES KAUIONÍ A	grant and title if applicable.  AND DIRECTORS  DELETE  DELETE  DELETE	13, E 1,1 TI 12, NV 13, S1 14, CI 12, NV 13, S1 14, CI 12, NV 13, S1 14, CI 14,	IAGENT ADDRESS TITY-ST-ZIP TILE MAKE TREET ADDRESS TITY-ST-ZIP TILE MAKE TREET ADDRESS TITY-ST-ZIP TILE MAKE TREET ADDRESS TITY-ST-ZIP TILE TREET ADDRESS TITY-ST-ZIP TILE TREET ADDRESS TITY-ST-ZIP TILE TREET ADDRESS TITY-ST-ZIP TILE TREET ADDRESS TITY-ST-ZIP	required when	reinstating)	ent for the purpo reby accept the	Se of changing appointment  TE  RS AND DIRI  Ch  Ch	ECTOR ange ange	S IN 12 Addition Addition	CR2E034.(11/98)
SIGNATURE  12.  ITILE  NAME  STREET ADDRESS  CITY-ST-ZP  TILE	Signature, System or Printed name of registered OFFICERS PRES KAUIONÍ A	grant and title if applicable.  AND DIRECTORS  DELETE  DELETE  DELETE	13. E 1.1 TI 12.NN 1.3 ST 1.4 CT 1.2 ST 1.1 TI 1.2 ST 1.3 ST 1.4 CT 1.3 ST 1.3 ST 1.4 CT 1.4 ST 1.4	I de la composición del composición de la composición de la composición del composición de la composición del composición de	required when	reinstating)	ent for the purpo reby accept the	Se of changing appointment  TE  RS AND DIRI  Ch	ECTOR ange ange	S IN 12 Addition Addition Addition	CR2E034 (11/98)
SIGNATURE  12.  ITILE  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  NAME	Signature, spile or portain name of registered AFFICERS  PRES WALLION A  TO BEEN MELLE  STORY BEEN MEL	grant and title if applicable.  AND DIRECTORS  DELETE  DELETE  DELETE	13. E 1.1 TI 12.NV 1.3 S1 2.1 TI 22.NV 2.3 S1 2.4 C E 3.1 TI 3.3 S1 3.4 C E 4.1 TI 4.2 N 4.3 S1 4.4 CI 5.2 NV	I de la composición del composición de la composición de la composición del composición de la composición del composición de	required when	reinstating)	ent for the purpo reby accept the	Se of changing appointment  TE  RS AND DIRI  Ch  Ch	ECTOR ange ange	S IN 12 Addition Addition Addition	CR2E034 (11/98)
SIGNATURE  12.  ITILE  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS	Signature, spile or portain name of registered AFFICERS  PRES WALLION A  TO BEEN MELLE  STORY BEEN MEL	grant and title if applicable.  AND DIRECTORS  DELETE  DELETE  DELETE	13. E 1.1 II 12.NV 1.3 S1 1.4 CI 12.1 II 12.1	I de la company	required when	reinstating)	ent for the purpo reby accept the	Se of changing appointment  TE  RS AND DIRI  Ch  Ch	ECTOR ange ange	S IN 12 Addition Addition Addition	CR2E034 (11/98)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, spile or portain name of registered AFFICERS  PRES WALLION A  TO BEEN MELLE  STORY BEEN MEL	grant and title if applicable.  AND DIRECTORS  DELETE  DELETE  DELETE	13. E 1.1 II 12.NV 1.3 S1 1.4 C7 1.2 C7 1.1 II 1.2 C7 1.2 C7 1.1 II 1.2 C7 1.2	I Agent separature I Agent separ	required when	reinstating)	ent for the purpo reby accept the	Se of changing appointment  TE  RS AND DIRI  Ch  Ch	ECTOR ange ange ange	S IN 12 Addition Addition Addition	CR2E034.(11/98)
SIGNATURE  12.  ITILE  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP	Signature, spile or portain name of registered AFFICERS  PRES WALLION A  TO BEEN MELLE  STORY BEEN MEL	grant and title if applicable.  AND DIRECTORS  DELETE  DELETE  DELETE  DELETE	13. E 1.1 II 12.NV 1.3 S1 1.4 C7 1.2 C7 1.1 II 1.2 C7 1.2 C7 1.1 II 1.2 C7 1.2	I Agent separation of the computers.  TLE  AME  IREET ADDRESS  TITY-ST-ZIP  TLE  TLE  TLE  TLE  TLE  TLE  TLE  TL	required when	reinstating)	ent for the purpo reby accept the	FL   se of changing appointment   S AND DIRI	ECTOR ange ange ange	S IN 12 Addition Addition Addition Addition	CR2E034.(11/98)
SIGNATURE  12.  ITILE  NAME  STREET ADDRESS  CITY-ST-ZIP  TILE  NAME	Signature, spile or portain name of registered OFFICERS PRESSION A WALLON A STORMAN ARE LA STORMAN ARE LA STORMAN ARE LA	grant and title if applicable.  AND DIRECTORS  DELETE  DELETE  DELETE  DELETE	13   13   14   17   17   17   17   17   17   17	I Agent separation of the computers.  TLE  AME  IREET ADDRESS  TITY-ST-ZIP  TLE  TLE  TLE  TLE  TLE  TLE  TLE  TL	required when	reinstating)	ent for the purpo reby accept the	FL   se of changing appointment   S AND DIRI	ECTOR ange ange ange	S IN 12 Addition Addition Addition Addition	CR2E034.(11/98)

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 eath; that I am ar 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 chapter 60 on an attachment with an address, with all other like empowered.

SIGNATURE:

