FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT FLORIDA DEPARTMENT OF STATE

CORPORATION

The Party of the P



ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS				FILED		
DOCUMENT # P98000083859				99 FEB 11 PM 2: 27		
	ALTH, INC.				SECRETARY OF STATE	
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Principal Place of Business Mailing Address						
PALM BAY FL S		160 MALABAR RDSTE.102 PALM BAY FL 32907				
lan	Malaban Rd	7711111 9711 12 00097			DO NOT WRITE IN THIS SPACE	
170	nu 1412 - E				3. Date Incorporated or Qualified	
3 Oringinal Di	ace of Business	2a. Mailing Address			09/28/1998 4. FEL Number Applied For	
21	lace of business	26 26			4. FEL Number Applied For Not Applied For Not Applied For	
Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75 Additional	
22		27			5. Certificate of Status Desired [] Fee Required	
City & State	8	City & State			6. Election Campaign Financing 51. \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country { Zip Coi				8. This corporation owes the current year Intangible	
24	25) 9. Name and Address of Current	Registered Agent	91 - 7		Personal Property Tax 10. Name and Address of New Registered Agent	
 		. rregistered rigent	81	Name	10. Hame and Address of their registered Agent	
	TON, HAGEN S		82	Stroot Adds	ess (P.O. Box Number is Not Acceptable)	
400 CORAL AVE.			62	Sheet Madre	ess (r.O. box intilliter is not Acceptable)	
MEL	BOURNE BEACH FL 32951		83	1		
			84	City	85 Zip Code	
				}	FL	
office or re	egistered agent, or both, in the State o	of Florida. Such change was auth	orized by	the corporatio	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered	
_	m familiar with, and accept the obligat	ions of, Section 607.0505, Fforid	a Statutes	i		
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable (NOTE Ri	gistered Age	nt signature requires:	Swhoo rehindatory	_
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	O)
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NAME	PANTON, HAGEN S		12 NAME			č
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eby 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 attend 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 or of director of the corporation or the receiver or trustee employered to execute this report as required by Chargler 607. Florida Statutes, and that my name appears in 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

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