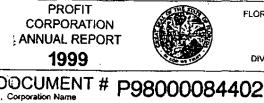
011999-90030-014-\$150.00-\$150.00



## FILED May 01, 1999 8:00 am Secretary of State 05-01-1999 90030 014 \*\*\*150.00

## **PROFIT** CORPORATION ANNUAL REPORT 1999

IGNATURE:



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

| ncipal Place of Business  LPGA BLYD IOOM) DI LY HILL FL 32117                 |  | Mailing Address  224 LPCA BLVD   CO HOLLY HILL FL 32117   | Modernage   | 310E  | DO NOT WRITE IN TO<br>3. Date incorporated or Qualifed<br>09/30/1998   |   |                               |
|---|--|---|---|---|--|---|-------------------------------|
| Principal Place of Busine   | iss  | 2a. Mailing Address   | <del></del>   |   | 4. FEI Number<br>59-3539174  | <del></del>   | oplied For                    |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 27                                    |  |   |   | _   | 5. Certificate of Status Desired   | \$8.75  |                               |
| City & State  |  | City & State  | City & State  |   | 6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees  |   |                               |
| Zip   | Country  | Zip 29  | Country<br>30   |   | This corporation owes the current year<br>Personal Property Tax.   |   | □No                           |
|   | and Address of Current   | <del></del>   | 1941  |   | 10. Name and Address of New Register   | ed Agent  |                               |
|   |  |   | 81 N  | ame   |  |   |                               |
| regan, John T<br>324 lpga blyd  |  |   | 82 St   | treet Address   | s (P.O. Box Number is Not Acceptable)  |   |                               |
| HOLLY HILL FL   | 32117  |   | 83  |   |  |   |                               |
| -100  | 1  |   | 84 Ci   | ity   | F  | 85 Zip C  | Code                          |
| SNATURE Signature Med C   | philos are of registered again OFFICERS AND RUSSIDENT Bhy T. Recon OD Moderns & Edy Hill 172 | and title if applicable.  Delications  Delications  Delications  Delications  Self-7                                    | OTE: Registered Agent sign<br>13.<br>1.1 TITLE<br>12 NAME<br>13 STREET ADDI<br>14 CITY-ST-ZIP | nature required who   | ntion submits this statement for the purpose board of directors. I hereby accept the appearance of the purpose remains an remaining of the purpose of the pu | AND DIRECTO   | RS IN 12                      |
| EET ADDRESS 100 (   | President<br>DOD KWAIT<br>Modernose Blu<br>Hill, FL 321                                      | <u> </u>  | 2.1 YITLE 22 NAME 2.3 STREET ACCO 2.4 CITY-ST-ZIP   | 1   |  | ☐ Change  | Addition                      |
| Mai   | ETAMY<br>Odd Kumit<br>Modernage B<br>HII, FL32   |   | 31 TITLE 32 NAME 33 STREET ADDR 34 CITY-ST-ZIP  |   |  | ☐ Change  | Addition                      |
| E<br>EET ADDRESS<br>S1-ZIP  |  | ☐ DELETE  | 4.1 TITLE 4.2 NAME 4.3 STREET ADDR 4.4 CITY-ST-ZIP  | RESS  |  | ☐ Change  | ☐ Addition                    |
| ET ADDRESS  | ,  | ☐ OELETE  | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDR  | RESS  |  | ☐ Change  | Addition                      |
| ST-ZIP  ET ADORESS ST-ZIP   | 10   | ☐ DELETE  | 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDR 6.4 CITY-ST-ZIP                            |   |  | ☐ Change  | Addition                      |
| I hereby certify that the indicated on this annual officer or director of the |  | this filing does not qualify<br>annual report is true and a<br>er or trustee empowered to<br>ment with an address, with | for the exemption si<br>ccurate and that my<br>execute this report<br>all other like empower  | itated in Secti<br>signature shi<br>t as required<br>wered. | ion 119.07(3)(i), Florida Statutes. I further of all have the same legal effect as if made up by Chapter 607, Floride Statutes; and that   | ertify that the in<br>ider oath; that I<br>my name appe | iformation<br>am an<br>ars in |