FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

ANNU	JAL REPORT 1999			Secretary of DIVISION OF CO	of State	TIONS				
 Corporation 	MENT # P	980000	8472	24			1 (88/200) 1/8 (8/8) 18/11 88/11		8 1 (8))) 8)8() 1 88/8	II.BIII BIJDE IABE
Principal Place	of Rusiness		Mailing Ad	ddress						
2291 SOMERISET RIDGE DRUNIT A-104 LEHIGH ACFES FL 33971			2291 SOMERSET RIDGE DRUNIT A-104 LEHIGH ACRES FL 33971				DO NOT W	RITE IN TH	IS SPACE	
							3. Date Incorporated or Qualif			
2. Principa Place of Business 21 10891 (BOKKSCREW Rd).			2a. Mailing Address 26 10801 Corkscrew Rd.			4. FEI NI mber 65-08701	63	No	t Applicable	
Suite, Apt. #, etc. 22 Sufte 121			Suite, Apt. #, etc. 27 Suite 12/			5. Certifc ate of Status Desired		\$8.75 A	c uired	
City & State	tero, FL		28 City &	stero	, Fl		6. Election Campaign Financir Trust Fund Contribution		\$5.00 Added to	
Zip 33 9	728 25 Cour		29 Zip 3	3928 3	Countr	y 	8. This corporation owes the corporation at Property Tax.		Yes	Mo
	9. Name and Add	ress of Current	registered A	gent	8	1 Name	10. Name and Address of Ne	w Kegistere	u Agent	
11. Pursuant	SOMERSET RIDG GH ACRES FL 339 to the provisions of Si egistered agent, or bo m familiar with, and a	ections 607.0502	and 607.1508 Florida, Such	n change was auth	norized b	4 City	poration submits this statement for toon's board of cirectors. I hereby ac	F he purpose	of changing its	r agistered
	Signature, typed or printed na					ent signature requ	ed when reinstating)	DATE		50,0040
12.	N1217	OFFICERS AND	S AND DIRECTORS		13.		ADDITIONS/CHANGES TO	OFFICERS	AND DIRECTO	Addition
TITLE	P/3/1	الممار	ley Ridge, UNI + A-104 FL 33971		1.1 TITLE				- Criange	
NAME	JANET K	brhais	The U	NI + A-104	12 NAME	•				
STREET ADDRESS	2291 30M	erget in	33	971	1.3 STRE	ET ADDRÉSS				1
CITY-ST-ZIP TITLE	LEHIOH_	nues, r		DELETE	2.1 TITLE				Change	Addition
NAME				_	2.2 NAME					
STREET ADDRESS					2.3 STRE	ET ADDRESS				-
CITY-ST-ZIP					2. 4 CITY-	ST-ZIP				
TITLE				DELETE	3.1 TITLE				☐ Change	☐ Addition
NAME					3 2 NAME	:				
STREET ADDRESS					3.3 STRE	ET ADDRESS				
CITY-ST-ZIP					3.4. CITY-				Change	Addition
TITLE				☐ DELETE	4.1 TITLE				Change	Addition
NAME					4.2 NAM					
STREET ADDRESS					1	ET ADDRESS				
CITY-ST-ZIP				DELETE	4.4 CITY- 5.1 TITLE				Change	Addition
TITLE				_ >====	5.1 HILE 5.2 NAME					_
NAME STREET ADDRESS						ET ADDRESS				
CITY-ST-ZIP					5.4 CITY-	1				
TITLE				DELETE	6.1 TITLE			···· /·· · · · · · · · · · · · · · · ·	Change	Addition
NAME					6.2 NAME	:				
STREET ADDRESS					6.3 STRE	ET ADDRESS				

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 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 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 or not attach nent with an address, with a lother like empowered. 941-949-1942

6 4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

JANET K. BRADLEY 4-23-99