PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 23, 1999 8:00 am Secretary of State 04-23-1999 90201 027 ***150.00

21	Applied For
Principal Place of Business 9669 NORMANDY STREET PORT CHARLOTTE FL 33952 PORT CHARLOTTE FL 33952 PORT CHARLOTTE FL 33949 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/02/1998 2. Principal Place of Business 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 27 City & State City & State Mailing Address DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/02/1998 4. FEI Number 5. Certificate of Status Desired \$8.75 Fee F	Applied For
PORT CHARLOTTE FL 33952 PORT CHARLOTTE FL 33949 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/02/1998 2. Principal Place of Business 2a. Mailing Address 2b. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State POST OFFICE BOX 3008 PORT CHARLOTTE FL 33949 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/02/1998 4. FEI Number Suite, Apt. #, etc. 5. Certificate of Status Desired Fee F	•••
3. Date Incorporated or Qualifed 10/02/1998 2. Principal Place of Business 28. Mailing Address 26. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 3. Date Incorporated or Qualifed 10/02/1998 4. FEI Number 5. Certificate of Status Desired \$8.75 Fee F City & State City & State 6. Election Campaign Financing \$5.00	•••
2. Principal Place of Business 2a. Mailing Address 4. FEI Number 5. Certificate of Status Desired 5. Certific	•••
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Suite, Apt. 4, etc. 5. Certificate of Status Desired Fee F City & State 6. Election Campaign Financing \$5.00	Additional
City & State City & State 6. Election Campaign Financing \$5.00	Required
	O May Be d to Fees
Zip Country Zip Country 8. This corporation owes the current year Intangible	χiνο
24 3575 25 29 30 Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
81 Name	
JOINER, CLIFTON T 32 Street Address (P.O. Box Number is Not Acceptable) 21070 MALSEN ST.	
PORT CHARLOTTE FL 33952	
84 City 2 85 Zig	p Code
TOKI CHARLOTTE 33	572 2
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 in 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	registered
SIGNATURE	
42 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECT	FORS IN 12
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STREET ADDRESS 3460 NORMANDY STREET	
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: