PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris & Secretary of State

DIVISION OF CORPORATIONS

FILED May 24, 1999 8:00 am Secretary of State 05-24-1999 90007 046 ***150.00

1. Corporation Name Lingdom, Fix.	7			
1,4401 411/2011/2-1001		- 618404 - 90003 -	40	
Division Division of Division of Division Address		- \		
Principal Place of Business 22837 Ponchaosa Mailing Address				
a OIF		DO NOT WRITE IN THI	S SPACE	
3342 & USA		3. Date Incorporated or Qualifed		
2. Principal Place of Business 21 22. Mailing Address 26 26 27 28 29 20 20 20 20 20 20 20 20 20 20 20 20 20	77	4. FEI Number 868 300	<u> </u>	plied For t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
22	b., F/	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	May Be
- Zip Zip Zip	- Carlot	8. This corporation owes the current year li		-
24 29 33428 3	OFFICE	Personal Property Tax.	☐ Yes	□No
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered	d Agent	
1 (X) (81 Name			ì
LAUIN OTRICLIAND	82 Street Addr	ess (P.O. Box Number is Not Acceptable)		
22027 D 1 2 22 N				
LLBO I TONCIEROJA WAI	83			ĺ
Boxa Roton, Fl. 32428	84 City	FI	85 Zip C	Code
 Pursuant to the provisions of Sections 507,0502 and 607,1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was auth 	, the above-named corp	oration submits this statement for the purpose of	f changing its	registered
office or registered agent, or both, in the State of Florida. Such change was auth agent. I am familiar with, and accept the obligations of, Section 607.0505, Florid.	horized by the corporations.	on's board of directors. I hereby accept the appo	ent as reg	gistered
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-	0.000			
SIGNATURE Signature, typed or printed name of registered agent and life if applicable. (NOTE: Re	egistered Agent signature required			[
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re 12. OFFICERS AND DIRECTORS	egistered Agent signature required	d when reinstaking) OATE ADDITIONS/CHANGES TO OFFICERS A		[
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this upon a signature shall have the same legal effect as if made under path, that I am are this report as required by Chapter 607, Florida Statutes; and that my name appears in like empowered.