PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P98000087802

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90059 050 ***150.00

NEW DE	SIGN MICA INCORPORATI	ED							
Principal Place	e of Business	Mailing Address	-				1 62111 66111 601	. , , , , , , , , , , , , , , , , , , ,	
14604 MARINA DRIVE 14604 MARINA DRIVE						1:			
HUDSON FL 34667 HUDSON FL 34667						DO NOT W	RITE IN TH	S SDACE	
						3. Date Incorporated or Qualif		3 31 ACL	
						10/13/1998			
2 Principal B	loca of Business	2a, Mailing Address		-			1-1	, TA	oplied For
2. Principal Place of Business		26				09-3	5429	1/3 NO	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			T			Additional	
22		27			5. Certificate of Status Desired			equired	
City & State		City & State			6. Election Campaign Financia	19 —	\$5.00	May Be	
23		28				Trust Fund Contribution	" ⁹ 🗆		to Fees
Zip	Country	Zip	Co	untry		8. This corporation owes the o	urrent year I	ntangible	1
24	25	29	30			Personal Property Tax.		Yes	No
	9. Name and Address of Curre	ent Registered Agent		Ι,		10. Name and Address of Ne	w Registere	d Agent	
F00	ONO BIOGUILLE			81	Name				Ì
FORCINO, PASQUALE				82 Street Add		ess (P.O. Box Number is Not Acce	eptable)		
10059 DUNKIRK DR				Ш					{
SPH	ING HILL FL 34608			83					1
				84	City			85 Zip	Code
				1 1	•		F		
11, Pursuant office or r	to the provisions of Sections 607.05 registered agent) or both, in the State im familiar with and accept the birth	i02 and 607.1508, Florida State of Florida. Such change was lations of. Section 607.0505, F	utes, the a authorize lorida 21 a	above ed by t tutes.	-named corp he corporation	oration submits this statement for on's board of directors. I hereby ac	cept the app	of changing its ointment as re	egistered
SIGNATURE		acer	fre				////	59_	1
SIGNATURE	Signature, typed of printed name of registered ag				signature require	d when reinstating)	DATE		
12.		ND DIRECTORS	13			ADDITIONS/CHANGES TO	OFFICERS A	Change	Addition
TITLE	PTD			1.1 TITLE				Change	☐ Addition [
NAME	7 37131173) 1713 431 122		1.2 NAME					{	
STREET ADDRESS			STREET	ADDRESS					
CITY-ST-ZIP			CITY-ST	- ZIP			☐ Change	☐ Addition	
TITLE	PTD	E .		2.1 TITLE				☐ Cilarige	L'Addison }
NAME	FORCINO, JOSEPH			NAME					
STREET ADDRESS			STREET	ADDRESS	-	~	سيد د.	. ~ .	
CITY-ST-ZIP	BROOKSVILLE FL 34601		_	CITY-ST	-ZIP			☐ Change	☐ Addition
TITLE		☐ DELETE		TITLE				□ Citatige	L Addition
NAME				NAME					
STREET ADDRESS					ADDRESS				1
CITY-ST-ZIP		T actes		CITY-SI	- ZIP			☐ Change	Addition
TITLE		☐ DELETE	1	TITLE	Ì			☐ Criange	
NAME				NAME					ļ
STREET ADDRESS				ADORESS				ļ	
CITY-ST-ZIP			CITY-ST	-ZIP			Change	Addition	
TITLE	☐ DELETE 5.1T			}			change	C Addition	
NAME			5.21	VAME	1				
STREET ADDRESS			B		+BODECC				}
OTTLES FORTIEGO					ADDRESS				Ì
CITY-ST-ZIP			5.4 (CITY-ST	ì			Chan-	Addition
		☐ DELETE	5.4 G	CITY-ST	ì			☐ Change	Addition
CITY-ST-ZIP		DELETE	5.4 (6.11 6.21	CITY-ST TITLE NAME	ì			Change	Addition

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 attagrament with an address, with all other like empowered.

SIGNATURE:

727-868-0432