PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED May 14, 1999 8:00 am Secretary of State 05-14-1999 90010 043 ***300.00

	1999		DIVISION OF	CORPOR	RATIC	ONS							
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							}	3. Date Incon			3 SFACE		_
, ,,	•						- 1	10/26/19	' - -				
2. Principal P	tace of Business	2a. M	ailing Address					4. FEI Numbe	5077	557		Applied For	_
21			26					59-3572557				Not Applicable	
Suite, Apt. #, etc. *			Suite, Apt. #, etc.					5. Certificate of Status Desired Fee Require					}
City & State			City & State					& Election Compaign Financing \$5.00 May Be					┪
23		28						Trust Fund Contribution Added to Fees					
Zip	Country	Z	ip	r	intry					lhe current year l		57 0-	
24	25	29		30					roperty Tax.	f New Registere	Yes	□No	
	9. Name and Address of	of Current Register	red Agent		81	Name		tu. Harrie arru	VIIII	I Idea Itograforo			7
RIVE	S, HOWARD P III					<u> </u>		s (P.O. Box Nu	mbor in blot	Acceptable)			-
1265 S. MYRTLE AVE.			82 Street Add					5 (P.O. DOX NU	(Lines to 140)	Acceptable)			_
CLE	ARWATER FL 33756				83								- 1
					84	City					85 Z	p Code	-
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11. Pursuant office or I	to the provisions of Sections registered agent, or both, in t im familiar with, and accept t	: 607.0502 and 607. he State of Florida.	.1508, Florida Statu Such change was a	ites, the a authorized	bove d by t	⊢named (the corpo	corpora corpora	stion submits the board of direct	tors. I hereb	by accept the app	pintment as	registered	İ
agent. I a	m familiar with, and accept t	he obligations of, Se	ection 607.0505, Flo	orida Stat	utes.								-
SIGNATURE	Signature, typed or printed name of re-	estered agent and title if up	plicable. (NOT	E: Registered	Agent	signature re	equired w	hen reinstating)		DATE			_ ഒ
12.		ERS AND DIRECT	ORS	13.				ADDITIONS	CHANGES	TO OFFICERS A	ND DIREC	TORS IN 12	S 8 1 CRZE034 (11/98)
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14 I hereby	certify that the information su	polied with this filing	does not qualify for	or the exe	mptic	on stated	In Sec	tion 119.07(3)(i), Florida Si	atutes. I further c	ertify that th	e information	

Indicated on this annual report or supplemental ennual report is true 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 or an attachment with an address, with all other like empowered.

SIGNATURE: