COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED Sep 13, 1999 8:00 am Secretary of State

09-13-1999 90006 026 \*\*\*550.00

**OCUMENT #** 

P98000094028

925, INC.

|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

								<u> </u>		
ncipal Place	of Business		Mailing Address							
	JLFSTREAM AVE		101 SOUTH GULFSTI							
RASOTA FL	34236		SARASOTA FL 34236	•			DO NOT WRITE IN THIS SPACE			
						Ì	3. Date Incorporated or Qualified			
							11/05/1998			
Principal Pla	ace of Business	<u> </u>	2a. Mailing Address				4. FEI Number	Applied For		
6543	Gateway	Hue	26 434 Los	Altos	WAY		65-0874742	Not Applicable		
Suite, Apt. #	#, etc		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City 9 Ctata			27 304 City & State				a Statian Compoint Financing	\$5.00 May Be		
City & State			<u> </u>	Altamonte Springs, -1			Election Campaign Financing Trust Fund Contribution	Added to Fees		
Zip _		intry	Zip		untry	•	8. This corporation owes the currer	nt year		
342	31 25	'USA	29 32714	30	US	(A	Intangible Personal Property.	Yes 🔀 No		
			Registered Agent				10. Name and Address of New Re	gistered Agent		
DAV	NE IOUN				81 Name	To	HN PAYNE			
	ne, John South Gulfsti	DEAM AVE			82 Street					
	ASOTA FL 34236				83	82 Street Address (P.O. Box Number is Not Acceptable) 304				
0/111	AOOTA TE OFEOD				03					
					84 City	114.	unte Sandes	FL 85 Zip Code 32714		
Durayant	to the provisions of	nations 607 0502	and 607 1508 Florida St	atutes the al	hove-named	corporat	ion submits this statement for the purp	nose of changing its registered		
office or r	constant again or	anti Te the State o	of Florida. Such change vitions of, section 607.0505	vae authorize	ed by the com	poration	's board of directors. I hereby accept	the appointment as registered		
	im himiliar with, and	acceptine congar	AND	s, monua sia	itutes.		9.	- て ~ 99		
SNATURE .	Ignatur, typed or printed	name i registered agent	and title if applicable.	(NOTE: Regis	tered Agent signat	ture require	d when reinstating)	DATE		
	7	OFFICERS AND	DIRECTORS	13.		10	ADDITIONS/CHANGES TO OFFI			
:	D		DELETI	-	ITLE		esident	Change Addition		
.	PAYNE, JOHN	H COTOCANA ANG	<u>-</u>		AME	10	HN PAYNE	204		
ET ADDRESS	SARASOTA FL	ILFSTREAM AVE	<b>-</b>		TREET ADDRESS	43	4 Los Altos Way # amonte Springs , 71	7 11		
ST-ZIP	SANASUIA FL	34230	□ DEVET		HTLE	HIT	amonte Spaines, 71	327 Change Addition		
			☐ DELETI	2.2 N			<b>J</b> .	Change recent		
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ST-ZIP					ITY-ST-ZIP					
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ST-ZIP					CITY-ST-ZIP					
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ı					HTY-ST-ZIP	'				
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ST-ZIP		,		6.4 0	CITY-ST-ZIP					
I harabu aa	416 . 41 A 46 16	the second and soddle to	bis files does not suclify			in coetie	n 119 07/3\/ii) Florida Statutes I furth	er certify that the information		

Interest centry that the miormation supplied with this liting does not quality for the exemption stated in section 119.07(3)(i), Fronta 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.

**GNATURE:**