COL	PROFIT RPORATION UAL REPORT 1999		FLORIDA DEPARTA Katheride Secretary of DIVISION OF COS	Herri State		99 JUN 22 AMII: 19 SECRETART OF STATE				
1. Corporation	MENT # P98 ATRA SECRET BEAU	300009802 TY, INC.	29			TALLAHASSEE, FLORIDA				
	ce of Business	Maling A								
239 - 5TH AVE. 239 - 5TH AVE. HIDIALANTIC FL 32903						DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified				
2. Principal F	Place of Business	2s. Mailie	ng Address			11/19/1998 1 FEINWINDER NOT APPLICABLE Not Applicable				
Suite, Apt.		Suite 27	Suite, Apt. #, etc.			5. Certificate of Status Desked \$8.75 Additional Fee Required				
City & Stat	Country	Zip	S State	Coun	îry	Election Campaign Financing Trust Fund Contribution Added to Fees This corporation owes the current year Intangible				
24		of Current Registered	Agent 30		81 Name	Personal Property Tax. 10. Name and Address of New Registered Agent				
120	AAH, THERESA M 2 S. RAMONA AVE IALANTIC FL 32903			L	B2 Street /	Address (P.O. Box Number is Not Acceptable)				
44	A No. of Cool	ent ofn2 f07 450	A Florida Ciatada	ſ	84 City	FL 85 Zip Code				
office or agent. I s						corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered				
	Signature, typed or printed name of a				gent algneture re	equired when rejectating) DATE				
12.	MILLALER	ICERS AND DIRECTOR	DELETE	13.	F (ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
NAME	2000			1.2 NA]] #				
STREET ADDRESS	239.50	4			EET ADORESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Change Addition				
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NAME)			22 NA	EET ADORESS	200 00291584 2-+3 -06/25/990106500\$				
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STREET ADDRESS					EET AODRESS					
CITY-ST-ZIP	l				r-\$1-Z0₽					
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NAME	}			52 NA	1					
STREET ADDRESS	,				EET ADDRESS					
TITLE			DELETE	6.1 TITL	r-ST-ZIP	Change Addition				
NAME	}		- price is	62 NA	1] 2/1/2				

14. Thereby 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 occurate 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 further engagement provided the receiver or further engagement provided by Chapter 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attackment with an address with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

FILE	NOW: FILING FEE A	FTER MAY		٧	HOÆ	i.	- los	2		
COF	TION O	ORIE	DA DEPARTI Katherine Secretary	•			HADYE AND TEORE	٠	*V	_
	9.	QIVIS		RPORATIONS		99 JUN	22 AH	II: 3 5		
DOCUI 1. Corporation		528 Plaste	ring	Ind	c .	SECRET. TALLAHA	NRY OF (SSEE, FL	EIATE ORIDA		
Principal Place		Mailing Address	\$							
4416	Castpointe cola, FL.325	Dr.	5a	me.		DO NOT WR	TE IN THIS	SPACE		٦.
tensa	cola, FL.325	14				3. Date Incorporated or Qualified April 28	1980			
2. Principal P	tace of Business	2a. Mailing Add	ress		1	4. FEI Number 59 - 201063	_	Арр	lied For Applicable	-
Suite, Apt.	#, etc.	Suite, Apt. #	etc.			5. Certifcate of Status Desired		\$8.75 Ac	dditional	
City & Stat	е ,	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 N	May Be	
Zip 24	Country 25	Zip	30	Country	-	This corporation owes the current Personal Property Tax.	ent year Inta	noible	ÍNO.	
	9. Name and Address of Current			041 11-		10. Name and Address of New I	Registered /	\gent		1
Ba:	sil Munro 6 Eastpointe	$\widehat{}$		81 Name	Das	il Munro			·	
441	6 Eastpointe	Dr.		82 Street	Address T (L	(P.O. Box Number is Not Accept.				
Pen	sacola, FL.	32514		83 City 1	2			85 _Zig Ci	ode , (]
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Flor	ida Statutes,	the above-named	corporal	Saca (A_ tion submits this statement for the board of directors. I hereby acce	purpose of on the appoint	changing its rathern as region	egistered istered	-
agent. I a SIGNATURE	m familiar with, and accept the obligati	10 I	ا انکده	Munro	V	.P. 6.4	.99			
12.	Signalure, typed or printed name of registered agent OFFICERS AND		(NOTE: Re	gistered Agent signature n	required whe	en reinstating) ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTOR	RS IN 12	 66
TITLE			ELETE	1.1 TITLE		e. President		Change	Addition	(11/98)
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om gr-zie				2.4 CITY-ST-ZIP		700002 -06/29 ****	<u> </u>	10550	104	_
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TITLE			ELETE	6.1 TITLE				Change	Addition	
NAME				6.2 NAME			Ų.	12.00		
STREET ADDRESS				6.3 STREET ADDRESS			10	ω		

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. Basil Munco 6-4-99 (850)494-9937