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

Jul 19, 1999 8:00 am Secretary of State 07-19-1999 90001 038 ***150.00

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4. Compretion Name	1 JUJUUUUUU

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Principal Place	e of Business	Mailing Address		····			
5029 28TH AV GULFPORT FL	/Enue south. No. 5 . 33707	5029 28TH AVENUE GUUFPORT FL 33707					
						E IN THIS SPAC	<u> </u>
			•		3. Date Incorporated or Qualified 11/23/1998		
Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
	-5029	26			59.3581665		Not Applicable
Suite, Apt.		Suite, Apt. #, etc			5. Certificate of Status Desired	7 -	.75 Additional
City & State	11VE JUI	City & State			8. Election Campaign Financing		5.00 May Be
GUL	A	28			Trust Fund Contribution		dded to Feas
Zip	Country	Zip	Cour	itry	8. This corporation owes the curre		54. .
5570	07 25 USA	29	30		Intangible Personal Property.	Yes	_=
	9. Name and Address of Curren	nt Registered Agent		61 Name	10. Name and Address of New Re	Gistered Ageni	
	RNECK, GARY A			82 Street Add	dress (P.O. Box Number is Not Acceptate	nle)	
	29 28TH AVENUE SOUTH, NO. 5 LFPORT FL 33707	i	Į		oreas (P.O. DOX NUMBER IS 1100 PODEPER		
GO	LIPONI PL 33/4/			83			
			Ì	84 City		FL 85	Zip Çode
office or	t to the provisions of sections 607.0502 registered agent, or both, in the State	2 and 607.1508, Florida Si of Florida, Such change sations of section 607.050	tatutes, the abo was authorized 5 Florida Statu	rve-named corp by the corpora	poration submits this statement for the purition's board of directors. I hereby accept	, ,	its registered as registered
GNATURE	Signature, typed or printed name of registered agen	nt and title if applicable.	(NOTE: Register		coration submits this statement for the purition's board of directors. I hereby accept	pose of changing the appointment	
GNATURE	Signature, typed or printed name of registered agen OFFICERS AN	n and title if applicable.	(NOTE: Register	ed Agent signature re		pose of changing the appointment DATE	ECTORS IN 12
GNATURE	Signature, typed or printed name of registered agen	nt and title if applicable.	(NOTE: Register	ed Agent eignature re	equired when reinstating)	pose of changing the appointment DATE	
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