FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000100523

1. Corporation Name

Principal Place of Business	Mailing Address			
SE WAALER ST P O BOX 3016 RT FL 34997 STUART FL 34995-3016		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
2. Principal Place of Business	2a. Mailing Address			pplied For ot Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & State 23 Zip Country	City & State 28 Zip	Country	Trust Fund Contribution Added	May Be to Fees
Zip Country 24 25 9. Name and Address of Current i	29 30	Country	8. This corporation owes the current year Intangible Personal Property Tax. Yes 10. Name and Address of New Registered Agent	□No
PERRY, STEVEN L 612 S FEDERAL HWY STUART FL 34994 82 Street Address (F, O, Box Number is Not Acceptable) 83				
STREET ADDRESS 3170 SE WAALER ST CITY-ST-ZIP STUART FL 34997		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
MAME BABER, ROGER STREET ADDRESS CITY-ST-ZIP STUART FL 34997		2.1 TITLE 2.2 NAME 2.3 STREET ADORESS I 2. 4 CITY-ST-ZIP	☐ Change	Addition C
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change	Addition
TITLE NAME STREET ADDRESS	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADORESS 4.4 CITY-ST-ZIP	☐ Change	Addition .
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS	☐ 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 attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE REQUEST

Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90015 004 ***150.00