PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90218 002 ***150.00

DOCUMENT # P98000101678

t. Corporation Name

ROCK STEADY ENTERPRISES, II	NC.					
Principal Place of Business	Mailing Address			-) IDO ITOLIA TIA LUTAL SENIT BRIST DOSTI OBLIDI LIBRI DI	161 H B11 (1)	())
4773 PINEBREEZE BLVD.	4773 PINEBREEZE BLVD.					
CALLAHAN FL 32011 CALLAHAN FL 32011				DO NOT WRITE IN THIS SPACE		
					SPACE	
				3. Date Incorporated or Qualifed		-
6 Dini (Dian of Durings)	2a, Mailing Address			11/25/1998 4. FEI Number		Applied For
2. Principal Place of Business	<u> </u>			59-2550068	- }-	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			+ 01/22/003	\$8.7	5 Additional
⊢ ₁ '	27			5. Certificate of Status Desired	+	Required
City & State	City & State			*6. Election Campaign Financing	-\$5.6	00 May Be
23	28			Trust Fund Contribution		ed to Fees
Zip Country	Zip	Cou	intry	8. This corporation owes the current year Int	angible	
24 25	29	30		Personal Property Tax.	☐ Yes	DÍ NO
9. Name and Address of Cu	urrent Registered Agent			10. Name and Address of New Registered	Agent	
			81 Name			1
PRESSEL, RENA M			82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
4773 PINEBREEZE BLVD.						
CALLAHAN FL 32011			83			ł
			84 City		85 Z	ip Code
				oration submits this statement for the purpose of		_
office or registered agent, or both, in the Sagent. I am familiar with, and accept the o	state of Florida. Such change was au- abligations of, Section 607.0505, Florida.	da Stat	D by the corporate utes.	on a board of directors. Thereby accept the appoin	iunerit az	
	S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIREC	TORS IN 12
me President	☐ DELETE	1.1 TI	TLE		Chan	ge 🗆 Addition 💆
NAME Renam. Presse		1.2 N	WE			8
STREET ADDRESS ALTINA Ding NYEPZE	Blvc	1.3 \$	TREET ADDRESS			10
STREET ADDRESS 47773 Pine breeze any st-zp Callahan, FL 3	301/	14C	TY-ST-ZIP			ىت (
me Treasurer	☐ DELETE	24.77	n-			RZE .
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NAME Catherine E. Alve STREETADORESS HULLY PINEBYCCZE	Я	22 N	i	· · · · · · · · · · · · · · · · · · ·	Chan	ge Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE	22 NV 23 ST 2.4 C 31 TT 32 NV 3.3 ST 34. C 4.1 TT 4.2 N 4.3 ST 4.4 Cf	ME IREET ADDRESS ITV-ST-ZP TLE MAE IREET ADDRESS ITV-ST-ZP TLE AME IREET ADDRESS ITV-ST-ZP TREET ADDRESS ITV-ST-ZP		Chan	ge Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DELETE	22 NV 2.9 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 3.4 C 4.1 TS 4.2 N 4.3 ST 4.4 CF 5.1 TT 5.2 NV	MARE RREET ADDRESS ITV-ST-ZP TLE MARE RREET ADDRESS TY-ST-ZP TLE MARE RREET ADDRESS TY-ST-ZP TLE MARE		Chan	ge Addition
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14. I hereby certify that the information supplied with this filing does not quality 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.

SIGNATURE: