## 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 # P98000102042

Principal Place of Business 565 VICTORY DRIVE	Mailing Address			
ECE VICTORY DRIVE	SEES VICTORY DRIVE			
ACE FL 32571	3565 VICTORY DRIVE PACE FL 32571			
2. Principal Place of Business	2a. Mailing Address			
Suite, Apt. #, etc. 12 6219 Huy 90 Wes;	Suite, Apt. #, etc.			

**FILED** Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90122 031 \*\*\*158.75



Principal Place	e of Business	Mailing Address					
3565 VICTORY D PACE FL 32571	PRIVE	3565 VICTORY DRIVE PACE FL 32571		DO NOT WRITE	IN THIS SPACE		
					3. Date Incorporated or Qualifed 12/08/1998		
2. Principal Pl	lace of Business	2a. Mailing Address	<del></del>		4. FEI Number	A	pplied For
21 500	Suaci	26			59-3545307	N N	lot Applicable
Cuite And	#, etc. Huy 90 West	Suite, Apt. #, etc.			5. Certifcate of Status Desired	7	Additional Required
City & State	e Fl	City & State			Election Campaign Financing     Trust Fund Contribution		May Be I to Fees
Zip	Country	Zip	Country	,	8. This corporation owes the current	vear Intangible	
24 3257	00 25 US	29 30	]		Personal Property Tax.	Yes	₩o
	9. Name and Address of Currer		·		10. Name and Address of New Reg	istered Agent	``
			81	Name			
LEED:	S, JEFFREY		82	Ctroot Add	Inne (D.O. Boy Number is Not Assentable		
3565	VICTORY DRIVE		82	Street Add	ress (P.O. Box Number is Not Acceptable	"	ļ
PACE	FL 32571		83		· · · · · · · · · · · · · · · · · · ·		
						<del> </del>	
			84	City		FL 85 Zip	Code
agent. I a	m familiar with, and accept the obligation	Page Card for	-51 d	angt	on's board of directors. I hereby accept the	DATE	14. 14. 12. 14. 1
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	
TITLE	President Jeff Leeds 3566 October de	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	Jeff leeds		1.2 NAME				
STREET ADDRESS	3565 Cicfory 1-		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	Pace F1. 325	• • • • • • • • • • • • • • • • • • • •	1.4 CITY-S	T-ZIP			
TITLE	Sec Octory de Pace F1. 325 Secretory Holly Loads 3565 Uctory de Pace F1 32571	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME.	Holly Loods		2.2 NAME	Į			
STREET ADORESS	3565 Cuctory de		2.3 STREE	TADORESS			ļ
CITY-ST-ZIP	Pece F1 32571		2. 4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME				۶۰
STREET ADDRESS			3.3 STREE	TADDRESS			
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP		····	
TITLE		☐ DELETE	4.1 TITLE			☐ Change	e ☐ Addition }
NAME			4.2 NAME				Ì
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP		-	4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				ļ
STREET ADDRESS			5.3 STREE	TADDRESS			1
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME.			6.2 NAME				1
STREET ADDRESS			6.3 STREE	TADDRESS			1

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