## FILE NOW: FILING FEE AFTER MAY 1ST 13 \$550.00

Mailing Address

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000102995

1. Corporation Name

Principal Place of Business

**SIGNATURE:** 

GEORGE E. SHIERLING & ASSOCIATES, P.A.

28 WEST NEW YORK ELAND FL 32720	AVENUE	228 WEST NEW YORK AVENUE DELAND FL 32720									DO NOT WRITE IN THIS SPACE  3. Date ir corporated or Qualifed  12/09/1998						
2. Principa Place o	f Business		2a.	Mailing Add	ress					4. FEI	Nun	nber				<u>-</u> -	ed For
21			26			-				5	9=	3544190					Applicable
Suite, Apt. #, etc	L.	ļ		Suite, Apt. #	ŧ, etc.					5. Cer	rtifca	te of Status Desi	red		\$8.7	) Add Recu	
22			27	City & State	<del></del> -		-					Campaign Finar			\$5.0		
City & State		<u> </u>	28	Oily & State	,							and Contribution	ichty		Adde		, ,
Zip	Coun	+		Zip		Co	untry			8. Thi	s ccr	poration owes th	e currer	nt year in	tangible		
24	25	1	29	·		30						al Property Tax.			☐Yes	zk_	≹No
		ess of Current Re		tered Agent						10. Na	me a	and Address of	New Re	gistered	Agent		
							81	Nar	ne								
SHIERLING						82	Street Address (P.O. Box Number is Not Acceptable)										
228 WEST	VENUE																
deland f	L 32720						83										ļ
							84	City	,					Fl	85 Z	ip Co	de
SIGNATURE	ered agent, or bo niliar with, and ac	ctions 607,0502 and h, in the State of F cept the obligations are of registered agent and	loric s of,	la. Such chai Section 607	nge was a .0505, Flo	uthorize rida Sta	a by tutes	tne co	orporat	ed when reinsta	of Ci	rectors. I nereby	ассері	DATE DATE	munem as		
12.	· · · · · · · · · · · · · · · · · · ·	OFFICERS AND	IRE	CTORS		13.				ADD	ITIC	NS/CHANGES T	O OFF	CERS A			
TITLE					DELETE	1.1 T	ITLE		]:	S,T,I	)				☐ Chang	je	☐ Addition
NAME						121	IAME.		- 1			SHIERLIN	1G				
STREET ADDRE 3S						1.3 5	TREET	ADDRE				NEW YORK		IUE			i
CITY-ST-ZIP						1.4 0	CITY-S	r-zip	ı			L32720					
TITLE					DELETE	2,17	TTLE		"	,	_	_			Chang	)e	☐ Addition
NAME						2.21	IAME.										
STREET ADORE 3S						2.3 5	TREET	T ADDRE	ESS								
CITY-ST-ZIP						2. 4	CITY-S	T-ZIP									
TITLE					DELETE	3.1 7	TILE		- {						Chanç	je	☐ Addition
NAME						3.21	IAME										
STREET ADDRE 3S						335	TREET	ADDR	SS								
CITY-ST-ZIP						_	CITY-S	T-ZIP	┷.								
TITLE					DELETE		ITLE								Chang	}e	☐ Addition
NAME							NAME		- {								
STREET ADDRESS								T ADDRI	ESS								
CITY-ST-ZIP					DEL ETE		CITY-S	r-ZIP	_						☐ Chans		☐ Addition
TITLE				Ц.	DELETE		ITLE								□ Chan	10	☐ Addition
NAME							NAME	r a DODI	-00								i
STREET ADORE: IS								TADORI	30								
CITY-ST-ZIP					DELETE		TTY-S	I-ZIP							☐ Chan	ne.	Addition
TITLE					UCLE IE		VAME								L. Gran	,~	
NAME								í addri									
STREET ADDRESS							CITY-S										
CITY-ST-ZIP						640	1111-2	1-411									

14. 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 a secure this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapged or on an attachment with an address, with a lighter like empowered. April 22, 1999

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90211 034 \*\*\*150.00