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

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

03-02-1999 90140 012 ***150.00

i. Corporation	MENT # P98000' CORPORATION	103288			
Principal Place of Business Mailing Address				4 10011000 110 taken 19111 60151 00511 00101 (1011 0	INIBA ININ MANAMAN ININ MANA
137 OSPREY PO		137 OSPREY POINT DRIVE		·	
OSPREY FL 34229 OSPREY FL 34229				DO NOT WRITE IN THIS	S SDACE
				3. Date Incorporated or Qualifed	STACE
				12/10/1998	1
Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For
21 26			59-3528857	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional	
27			5. Certificate of Status Desired	Fee Required	
City & State City & State				6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Ir	
24		<u> </u>	30	Personal Property Tax.	
	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New Registered	ı Ağeni
CARI	SON, WALTER K		or Name		
137 OSPREY POINT DRIVE			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
OSPREY FL 34229			83		t .
00,7					
			84 City	FI	85 Zip Code
office or r	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was au tions of, Section 607.0505, Flori	ithorized by the corpora		Jimment as registered
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	CARLSON, WALTER K		1.2 NAME		
STREET ADDRESS	****		1.3 STREET ADDRESS		İ
CITY-ST-ZIP	OSPREY FL 34229		1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	D	□ D€LETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CARLSON, ELLEN C		2.2 NAME	· · ·	
STREET ADDRESS	101 0011.		2.3 STREET ADDRESS		Ŧ .
CITY-ST-ZIP	OSPREY FL 34229	☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition
TITLE	D DICHARD D		3.2 NAME		
NAME	CARLSON, RICHARD D		3.3 STREET ADDRESS		
	1445 BALMY BEACH DRIVE APOPKA FL 32702		3.4. CITY-ST-ZIP		
CITY-ST-ZIP TITLE	AFOFNA FL 32/02	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		•
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	•	☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
000 00 00			6.4 CITY-ST-ZIP	,	•

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, dr on an attachment with an address, with all other like empowered.

SIGNATURE:

TURE REQUIRED

1/21/99 941-966-7721