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PROFIT								
CORPORATION								
ANNUAL REPORT								
4000								



FLORIDA DEPARTMENT OF STATE

Katherine Harris,

Secretary/of State

'	1999		Secretary-of State DIVISION OF CORPORATIONS		90 FEB 26 AM 8: 37			
DOCUMENT # P98000103400 THE NEW TOTAL PROPERTY CARE, INC.					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
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Principal Place of Business Mailing Address					וולמש וולמש וויום ש ויושו ושוחו אין וא שניון וא וא שניום שיו	i) 30189 11116 818 11 88	110 00 11 1001	
2510 GREY TWIG LANE 2510 GREY TWIG LANE								
FT PIERCE FL 3	14981	FT PIERC	E FL 34981		DO NOT WRITE IN TH	HIS SPACE		
					3. Date Incorporated or Qualifed	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ĺ
					12/10/1998		ļ	ļ
— ·	lace of Business	2a. Mai	ling Address		4. FET Number	1 1 2 1	blied For	1
Suite, Apt.	# ole	26	e. Apt. #, etc.		65-088 7561	4 1 1 1	Applicable	ļ
22	w, etc	27	s. Apr. 4, etc.		5. Certificate of Status Desired []	\$8.75 A		l
City & Stat	le		& State		6. Election Campaign Financing	\$5.00	· · · · · · · · · · · · · · · · · · ·	
23		28			Trust Fund Contribution	Added to		ĺ
Zip	Counte	F 1	Г	ountry	8. This corporation owes the current year		ا با	ĺ
24	25 25	29 ess of Current Registered	[30]	1	Personal Property Tax 10. Name and Address of New Register	[Yes	No	l
		oss of cultent registered	- Agoint	81 Name	(v. Hame and Address of New Register	ed Agent		ĺ
	Pe, diane			مرم الموا	loses (5) O. Pour Mountain Not Assessed by			1
2010 GREY INIG LANE (CARAY)					ress (P.O. Box Number is Not Acceptable)			ĺ
FIM	ERCE FL 34981	, •		83		•		l
				84 City	<u></u>	85 Zip C	ode	ļ
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office or r	to the provisions of Sec registered agent, or both	ctions 607.0502 and 607.15 n, in the State of Florida, St	OB, Florida Statutes, the ich change was authorize	above-named corp ed by the corporati	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	ାରୀ changing its r pointment as reg	registered jistered	
	m familiar with, and acc	cept the obligations of Sec	ion 607.0505, Florida Sta	stutes	2/	2/00		
SIGNATURE	Signature, typed or printed name	e of registered ages and the Papel	MOLE ROSE	d Agents quara e requi	: Note that they are the state of the state	3/99		
12.		OFFICERS AND DIRECTO		.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12	į
TITLE	(D		[] DELETE 11	1)TLE		[Change	[] Addition [
NAME	SHARPE, DIANE	WE CARN		NAME				3
	2510 GREY TWIG L		i i	STREET ADDRESS			-	į
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14. Thereby 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 eath, 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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