## 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 # DOCOCOLOAGEO

1. Corporatio		104000			
Principal Place	e of Rusiness	Mailing Address			EDIRE BIBBY BYIDE BYIDE JOYL FOOL
8210 HIGHWAY		8210 HIGHWAY 48			
SUITRE 201		SUITRE 201			
YALAHA FL 34797		YALAHA FL 34797		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed 12/17/1998	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		.59.3546684	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & Stat	te	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	ntangible ⊠Yes □No
24	25		30	Personal Property Tax.  10. Name and Address of New Registered	
	9. Name and Address of Curre	ent Registered Agent	81 Name	(U. Maine and Address of New Negistered	1 Agent
AMFI	RILAWYER	•	I III PAT	RICE SELLERS	
343 ALMERIA AVENUE			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	AL GABLES FL 33134		83 82/0	CR 48 SUITE ZOL	
0014	TE GABLES I E GOTOT		63		
			84 City	<i>U</i> Δ F	85 Zip Code
			I YALA		- 1 34777
office or i agent. I a	registered agent, or both, in the Stat am familiar with, and accept the oblit	e of Florida. Such change was a	utnorized by the corporation	noration submits this statement for the purpose of on's board of directors. I hereby accept the appearance of the purpose of t	ointment as registered
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable (NOTE	: Registered Agent signature require		
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition
NAME	WORCESTER, JOSEPH B		1.2 NAME		
STREET ADDRESS	8210 HIGHWAY 48		1.3 STREET ADDRESS		
CITY-ST-ZIP	YALAHA FL 34797		1.4 CITY-ST-ZIP		
TITLE	VSTD	☐ DELETE	2.1 TITLE		Change Addition
NAME	SELLERS, D P		2.2 NAME		
STREET ADDRESS	8210 HIGHWAY 48		2.3 STREET ADDRESS		_
CITY-ST-ZIP	YALAHA FL 34797		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETÉ	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS	s		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	s		5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	•	☐ Change ☐ Addition
			CONAME		

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: /

STREET ADDRESS

CITY-ST-ZIP

7 MARCH 1999 351 314 2257

**FILED** 

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90124 034 \*\*\*150.00