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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

OCUMENT # P9800105150
Corporation Name

FILED
Sep 08, 1999 8:00 am
Secretary of State

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	e of Business	Mailing	Address									
-	ent Pine Drive	sa	me									
e. 514								DO N	OT WRIT	re in This	SPACE	
`lando	, FL 32822							ncorporated or (18, 19	98
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Suite, Apt.	#, etc.	Suite 27	e, Apt. #, etc.				5. Certifo	ate of Status De	esired			Additional Required
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Zip	Country	Zip	ſ.	Cour	ııry		1	orporation owes		ent year Int	angible ☐ Yes	Mo
	9. Name and Address of Cu	29		10				and Address o		egistered		<u> </u>
	9. Name and Address of Cu	irent Registered	Whenr		81 Nam	e Dos			110111	-giator ou	riguii.	
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		3411		ľ	83							
West I	ailli beach, ri.	3411		-	84 City						85 Zij	o Code
							ando			FL		Code 32822
Pursuant	to the provisions of Sections 607	.0502 and 607.15	08, Florida Statutes	the ab	ove-name	d corpor	ation submi	ts this statemen	t for the	purpose of	changing introduction	ts registered
	egistered agent, or both, in the Si	tate of Functia. Su										
agent. I a	m familiar with, and accept the of	oligations of Sect	ion 607.0505, Florid	la Statu	tes.	rporauon	S DOGIG OF		b) 4000p	t trie appor	.,	_
	egistered agent, or both, in the Sim familiar with, and according the of	bligations of Sect		Reg	an B.	Blos	S		Septe	ember	} , 19	99
	Signature, typed sprinted name of registered	d agent and title if applica	able. (NOTE: R	Reg	an B.	Blos	S when reinstating)		Septe	ember DATE	1, 19	999
SNATURE	Signature, typed separated name of registered OFFICERS	d agent and title if applicated AND DIRECTOR	able. (NOTE: R	Registered /	an B.	Blos	ADDITI	ONS/CHANGES	Septe To off	omber Date ICERS AN	D DIRECT	ORS IN 12
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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.

Regan B. Bloss, President BONATORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR IGNATURE;

1, 1999