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 08, 1999 8:00 am Secretary of State 03-08-1999 90013 034 ***150.00

1. Corporatio	MEN # P98000° L RESOURCES CORPORATI	1		`			
Principal Place of Business Mailing Address 109 RAINBOW FISH CIRCLE JUPITER FL 99477					-{	# ## #### 	1181 55 89 (15 8)
DOFFICE TE WAY	**	JOHN LINE WAY			DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed 12/18/1998	SPACE	
21 F	Place of Business P.O. Box 2634	2a. Mailing Address 26 P. O. Buite, Apt. #, etc.	30x	2634	4. FEI Number		oplied For ot Applicable
Suite, Apt.		27			5. Certifcate of Status Desired	Fee Re	equired
City & Sta	ANVILLE, CA	City & State	14	E, CA	6. Election Campaign Financing Trust Fund Contribution	Added t	May Be to Fees
Zip 94	4526 25 Country USA	zip 945 26 3	Cou 10	USA	This corporation owes the current year In Personal Property Tax.	Yes	XNo
	9. Name and Address of Curren	t Registered Agent		81 Name	10. Name and Address of New Registered	Agent	· - ·
TERANISHI, KENT 109 RAINBOW FISH CIRCLE					ess (P.O. Box Number is Not Acceptable)		
JUPII	TER FL 33477			83 84 City	FL	85 Zip (Code
11. Pursuant office or agent. I a	to the provisions of Sections 607.050 registered agent for both, in the State am familiar with, and accept the obliga	2 and 697.1508, Florida Statutes of Florida. Such change was autitions of, Section 607.0505, Florid	the a horized a Stati	bove-named corporation to the co	pration submits this statement for the purpose of n's board of directors. I hereby accept the appo	E abanaina ita	registered gistered
SIGNATURE	Signature typed or printed hame of registered ager	vit and title of applicable (NOTE, R	E/V	Agent signature required			
12.	OFFICERS AN	ND DIRECTORS 1			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	☐ DELETE	1.1 TI			Change	☐ Addition
NAME	TERANISHI, KENT		1.2 N/				
STREET ADDRESS				TREET ADDRESS			ļ
CITY-ST-ZIP	JUPITER FL 33477	☐ DELETE	2.1 TI	TY-ST-ZIP TLE		Change	Addition
NAME			2.2 N)
STREET ADDRESS	3		2.3 ST	TREET ADDRESS			ļ
CITY-ST-ZIP			2.4 C	ITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TI	TLE		Change	☐ Addition
NAME			3.2 N	AME			
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NAME			4. 2 N	AME	•		
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NAME	.[TREET ADDRESS			
STREET ADDRESS				TY-ST-ZIP			
CITY-ST-ZIP		☐ DELETE	5.4 CI			Change	Addition
TITLE		C SELETE	6.2 N				
NAME			1	TREET ADDRESS			-
STREET ADDRESS	5		4	TY-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 changing, or on an attachment with an address, with all other like empowered.

SIGNATURE: