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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90127 042 ***150.00

DOCUMENT # P98000105611

 Corporation 	n Name						1				
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Principal Place	e of Business	Mailir	ng Address				-				
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LAKELAND FL 33	-		ND FL 33809_	_			١.	DO NOT-WE	NTE IN THIS	CDACE	
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							I	2/18/1998	•		
Principal Place of Business 2a. Mailing Address							El Number		A	pplied For	
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			uite, Apt. #, etc.	Apt. #, etc.				Certificate of Status Desired		,	Additional
22		27					<u> </u>				equired
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23 Zip	Country	28 Z	in .	Count	····		_	his corporation owes the cu	ment year Int		10 003
— `	25	29	,	30	,			riis corporation owes the cu Personal Property Tax.	ment year in	Yes	ØNo I
24	9. Name and Addres			50				lame and Address of New	Registered	Agent	
L ./*******				8	1 Name)					
SELL,				8	2 Stree	Addres	ss (P.C). Box Number is Not Accep	table)		
	CHOWEN DR								·		
LAKEI	LAND FL 33810			[8	3						
	Λ	4	**	Į	4 City					85 Zip	Code
	$-//\bigcirc$		4500 Electe Oten 4		1			where this statement for th	FL.	changing it	e registered
11. Pursuant office or re	to the provisions of Section egistered agent, or both, i	ons 607 05/72 and 607. in the State of Florida.	.1508, Florida Statut Such change was a	es, the abo uthorized t	ve-named v the con	oration	ration t i's boa	submits this statement for the rd of directors. I hereby accounts	ept the appoi	ntment as r	egistered
	m familia with, and accep	of the obligations of, S	ection 607.0505, Flo	rida Statut	s.				4-12-	09	{
SIGNATURE	KOM YV	of the obligations of, So of registered agent and title if an		rida Statute : Registered A			when reir	nstating)	DATE	99	
SIGNATURE	Signature, ygod on the da risme o	X	oplicable. (NOTE			required v	when rein	nstating) ODITIONS/CHANGES TO O	DATE	99 ID DIRECT	ORS IN 12
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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, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS