PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS May 06, 1999 8:00 am Secretary of State 05-06-1999 90064 022 ***150.00

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Principal Place of Business Mailing Address												
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suite 100 Suite 100 New Port Richey Fl. 34652 New Port Richey Fl. 346					EY FL 34652	i2			DO NOT WRITE IN THIS SPACE			
1								3. Date incorporated or Qualifed				
									12/31/1998			}
2. Principal Place of Business			28	2a. Mailing Address					4. FEI Number 59-339.55	2.2		pplied For lot Applicable
21			26						37307002			Additional
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired			lequired \
City & Stat	la	 	27	City & State					6. Election Campaign Financing		\$5.00) May Be-
23			28	`	12:00				Trust Fund Contribution	_a		to Fees
Zip		Country	- 	Zip		Countr	y		8. This corporation owes the cur	rent year in		_
24		25	29			10			Personal Property Tax.		☐ Yes	No
	9, Малле	and Address of Curre	nt Regi	istered Agent			4 1 4 2		10. Name and Address of New	Registered	Agent	
0.05	-040 1488	ce ceu				81	ij Na	eme				
	ECAS, JAMI COURT ST					87	2 Str	reat Addre	ess (P.O. Box Number is Not Accept	able)		
SUITE		INCCI					-					
	RWATER F	1 33756				83	·]					
Q	2177741 part 1	2 40100				84	4 Cit	ly		FI	85 Zip	Code
44 Dispusant	to the armie	ions of Sections 607 05	02 and	607 1508 Flor	rida Statutes	the above	ve-nar	ned corpo	pration submits this statement for the	purpose C	of changing #	s registered
office of r	registered ag	ent, or both, in the State	of Flor	ida. Such char	nge was aut	horized by	y the c	corporation	oration submits this statement for the n's board of directors. I hereby acces	pt the appo	xintment as r	egistered {
		ith, and accept the onlig	SIKAIS U	ir, 36000ii 607	.0003, FIOIK	Je Otaliik	ю.	•	•			
SIGNATURE									•			
	Signature, typed	or printed name of registered ag	ent and title	e if applicable.	(NOTE: R	legislared Ap	ord signs	thre required	when reinstating)	DATE		
12.	Signature, typed	or printed name of registered ag OFFICERS A		ECTORS		13.		there required	when retrestating) ADDITIONS/CHANGES TO OF			
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Floride Statutes. I further certify that the information indicated on this annual report or supplemental annual proof is too and accurate and that my signature shall have the same legal effect as if made under oath; that I am officer or director of the corporation or the receiver or fustee employered/to execute this report as required by Chapter 607. Floride 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.

SIGNATURE: _

SIGNATURE DEQUIRED

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