FILED Apr 06, 1999 8:00 am Secretary of State

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

•	1999	DIVISION OF CO		004 1130.0	)()		
DOCUN 1. Corporation	MENT # S00113	,					-(- BIB)  +88;
							81); <b>818</b> 11   1887 81); <b>818</b> 31   <b>88</b> 1
Principal Place	of Business	Mailing Address				AND CARLESTANCE OF STREET	
3230 FORDHAM		1009 GREAT OAKS DR					
GULF BREEZE FL 32561 GULF BREEZE FL 32561					DO NOT WRITE IN	THIS SPACE	
US		US			3. Date Incorporated or Qualifed		
					10/01/1990		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		lied For
21		26			59-3029457	<del></del>	Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	<b>\$8.75</b> A	_
City & State	<del>-</del>	. 27			6. Election Campaign Financing	\$5.00 1	
23	•	28			Trust Fund Contribution	Added to	
Zip	Country Zip Co		Count	гу	8. This corporation owes the current year		
24	25 29 30		30		Personal Property Tax.		No
	9. Name and Address of Currer	nt Registered Agent	8	1 Name	10. Name and Address of New Registe	red Agent	
LAUC	CELLA, RICHARD JOHN		L				
1009 GREAT OAKS DR				2 Street Add	dress (P.O. Box Number is Not Acceptable)		
GULF BREEZE FL 32561				3			
			8	4 City		85 Zip C	ode
						PL	
office or re	edictored agent or both in the State	of Florida, Such change was aut	norizea c	v the corboral	rporation submits this statement for the purposition's board of directors. I hereby accept the a	e of changing its i appointment as rec	registered jistered
agent. I ar	m familiar with, and accept the obliga	ations of, Section 607.0505, Florid	da Statute	és.			
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable (NOTE: F	Registered Ad	gent signature requi	ired when reinstating) DAT	Æ	<del></del>
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	
TITLE	P DELETE 1.11		1.1 TITLE			☐ Change	Addition
NAME	ACCEDA, THOI WILD COTH		1.2 NAM	E			
STREET ADDRESS	7000 011211 07110 2711			EET ADORESS			
CITY-ST-ZIP			1.4 CITY	-		☐ Change	Addition
TITLE	221		2.1 TITUE 2.2 NAM			பு வக்கு	
NAME STREET ADDRESS				ET ADDRESS			}
CITY-ST-ZIP	~			-ST-ZIP			
TITLE			3.1 TITLE			☐ Change	Addition
NAME			3.2 NAM	E			Į
STREET ADDRESS			3.3 STRI	EET ADORESS			
CITY-ST-ZIP			_	/-ST-ZIP		Change	Addition
TILLE			4.1 TITL	1		[_] Criange	
NAME			4. 2 NAM	EET ADDRESS			İ
STREET ADDRESS			4.4 CITY				
CITY-ST-ZIP TITLE			5.1 TITL			☐ Change	☐ Addition
NAME ·			5.2 NAM	E			}
STREET ADDRESS			5.3 STR	EET ADDRESS			
CITY-ST-ZIP			5.4 CITY				
TITLE		☐ DELETE	6.1 TITU			☐ Change	Addition
NAME			6.2 NAM	E			[

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 chapter 607, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

GNATURE AND TYPED OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

LAUCETHA 4/1/

4/1/9 9 93 4 -Paytime Phone #