## 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

## **DOCUMENT # S03436**

1. Corporation Name

| Principal Place of Business Mailing Address P. O. BOX 1478 P. O. BOX 1478 LAND-O-LAKES FL 34639 LAND-O-LAKES FL 34639  |                                  |  |                                       |
|--|----------------------------------|--|---------------------------------------|
| LAND-O-LAKES FL 34639 LAND-O-LAKES FL 34639  |                                  |  | 1811 1881                             |
|  |                                  | _  |                                       |
| DO NOT WRITE IN  | N THIS SPACE                     | E  |                                       |
| 3. Date Incorporated or Qualifed 10/02/1990  |                                  |  |                                       |
| 2. Principal Place of Business 2a. Mailing Address 4. FEI Number   |                                  | Applied  | For                                   |
| 26 59-3028932  |                                  | Not App  |                                       |
| Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certificate of Status Desired   | 1                                | . <b>75</b> Additi<br>ee Require   |                                       |
| City & State 6 Floation Campaign Financing   | \$5                              | .00 May  | Bo .                                  |
| Trust Fund Contribution  |                                  | ided to Fe   |                                       |
| Zip Lip Country Zip Country 8. This corporation owes the current y   |                                  |  |                                       |
| 25 29 30 Personal Property Tax.  | Ye                               | s 🔲 N  | <u> </u>                              |
| 9.1 Name and Address of Current Registered Agent 10. Name and Address of New Regis   | stered Agent                     |  |                                       |
| JONES, STEVEN F.   |                                  |  |                                       |
| 6417 BARCELLONA ROAD  82 Street Address (P.O. Box Number is Not Acceptable)  | )                                |  |                                       |
| LAND-O-LAKES, FL 34639   |                                  |  |                                       |
| 84 City  | FL 85                            | Zip Code   |                                       |
|  |                                  |  |                                       |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpoffice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the   | pose of changi<br>le appointment | ng its regis<br>as registe   | stered<br>red                         |
| office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and little if applicable.  (NOTE: Registered Agent signature required when reinstating)  | DATE                             | as registe   |                                       |
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CITY-ST-ZIP 14. 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, on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

813-977-5706

FILED Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90045 046 \*\*\*150.00