**FILED** 

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90001 046 \*\*\*150.00

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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # S05917**

1. Corporation Name

PLUMB LINE ENTERPRISES, INC.

Principal Place	e of Business	Mailing Ad	Idress				. E fådrifåra fli dørår årrin før	AT THESE LEGIT BLACK	OLEKA OLEKA OREKA O	HEN GIBN HEEL
4116 NW 70TH WAY		ŭ	4116 NW 70TH WAY							
CORAL SPRINGS FL 33065			CORLA SPRINGS FL 33065			ļ				
US		US	US			ļ <u>.</u> -	DO NOT WRITE IN THIS SPACE			
							ite Incorporated or Quali 0/11/1990	rea		}
a Principal Pf	lace of Business	2a. Mailing	Address				I Number		TAD	plied For
_	race of business	26	, Addiess				5-0222428	•	<del></del>	t Applicable
Suite, Apt.	#. etc		Apt. #, etc.		_				\$8.75	
22	.,	27			_	5. Ce	ertifcate of Status Desire	d □.	Fee Re	
City & State	e	City &	State			6 Ele	ection Campaign Financi	ng _	\$5.00	May Be
23		28					ust Fund Contribution	"9 🗆	Added t	
Zip	Country	Zip		Country	,	8. Th	is corporation owes the	current year in	tangible	
24	25	29	3	50		Pe	rsonal Property Tax.		Tes	□No
	9. Name and Address of Curr	rent Registered A	gent			10. Na	ame and Address of Ne	w Registered	Agent	
				81	Name				•	
	SE, MARIAN			82	Street	Address (P.O.	Box Number is Not Acc	eptable)		
4116 NW 70TH WAY						·	· · · · · · · · · · · · · · · · · · ·			
LUM	AL SPRINGS FL 33065			83						ļ
				84	City		<del></del> ,	FL	85 Zip (	Code
AA Burguant	to the provisions of Sections 607.0	1502 and 607 1508	Florida Statutes	the above	e-named	corporation su	ibmits this statement for	the numose o	f changing its	registered
office or re	egistered agent, or both, in the Sta	ate of Florida. Such	change was aut	thorized by	the corp	oration's board	of directors. I hereby a	ccept the appo	intment as re	gistered
agent. I ar	m familiar with, and accept the obli	igations of, Section	1 607.0505, Florid	da Statutes	<b>.</b>					ļ
SIGNATURE	Standard by said name of salistand	annot and title if applicable	(NOTE: P	Paristered Age	ot eignature r	required when reinst	ating)	DATE		
	Signature, typed or printed name of registered a OFFICERS				nt signature r	required when reinst		OFFICERS A	ND DIRECTO	PRS IN 12
12.	OFFICERS :	agent and title if applicable		13.	nt signature r	<del>`</del>	ating) DITIONS/CHANGES TO		ND DIRECTO	RS 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 changes, own an attachment with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: