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

PROFIT CORPORATION ANNUAL REPORT **1999**

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90183 015 ***150.00

ESPIN, I	NC.									
rincipal Plac	e of Business		Mailing	g Address			1 10811019 (4) 0050 (001) 0180 (101	II. 0011 01011 01011		
P. O. BOX 418 P. O. BOX 418 CORTEZ FL 34215 CORTEZ FL 34215										
US US							DO NOT WRIT	TE IN THIS SE	PACE	
							3. Date Incorporated or Qualifed			
							10/22/1990 4. FEI Number			Lind For
Principal P	lace of Busine	SS	<u> </u>	ailing Address			65-0231927		<u> </u>	plied For at Applicable
Suite, Apt. #, etc.			26	ite, Apt. #, etc.			00-023 1921		\$8.75	
Suite, Apt.	w, etc.		27	110, 7 pt. 11, 010.			5. Certificate of Status Desired		Fee Re	
City & Stat	te			ty & State			6. Election Campaign Financing		\$5.00	May Be
			28				Trust Fund Contribution		•	to Fees
Zip		Country	Zip)	Count	ry	8. This corporation owes the curre			
		:5	29		30		Personal Property Tax.		Yes	□No
	9. Name	and Address of C	urrent Registere	ed Agent		1 Name	10. Name and Address of New R	legistered Ag	ent	
MAT	THEWS, TE	RENCE			ľ	Name				
	26TH STR				8	Street Add	ress (P.O. Box Number is Not Accepta	ble)		
	DENTON FL				į	3				_
					8	4 City		FL	85 Zip	Code
office or r agent. I a	registered age ım familiar witi	nt, or both, in the S n, and accept the c	State of Florida. Sobligations of, Sec	Such change was ction 607.0505, Fl	authorized b orida Statute	by the corporations.	poration submits this statement for the ion's board of directors. I hereby accept	t the appointm	anging its nent as re	registered gistered
office or r agent. I a GNATURE	registered age im familiar with Signature, typed o	nt, or both, in the S n, and accept the c r printed name of register	State of Florida. Sobligations of, Sec	Such change was ction 607.0505, Fl	authorized borida Statute E: Registered A	by the corporations. Gent signature require	ion's board of directors. I hereby accep	DATE	DIRECTO	DRS IN 12
office or r agent. I a IGNATURE 2.	egistered age m familiar with Signature, typed o	nt, or both, in the S n, and accept the c r printed name of register OFFICER	State of Florida. Sobligations of, Sec ed agent and title if appl	Such change was ction 607.0505, Fl	authorized borida Statute E: Registered A 13.	by the corporations. gent signature require	ed when reinstating)	DATE	nent as re	DRS IN 12
office or r agent. I a IGNATURE 2. ILE	registered age im familiar with Signature, typed of P	nt, or both, in the S n, and accept the c r printed name of register OFFICER	State of Florida. Sobligations of, Sec ed agent and title if appl	Such change was ction 607.0505, Fl	E: Registered A 13. 1.1 TITLE	yy the corporations. gent signature require	ed when reinstating)	DATE	DIRECTO	DRS IN 12
office or r agent. I a IGNATURE 2. LE ME REETADORESS	Signature, typed of P BULLOCK P. O. BOX	nt, or both, in the S n, and accept the c r printed name of register OFFICER ESPIN 418 N/A	State of Florida. Sobligations of, Sec ed agent and title if appl	Such change was ction 607.0505, Fl	E: Registered As 1.1 TITLE 1.2 NAM 1.3 STRE	ent signature require	ed when reinstating)	DATE	DIRECTO	DRS IN 12
office or ragent. I a IGNATURE 2. ILE IME REET ADDRESS IY- ST- ZIP	registered age im familiar with Signature, typed of P	nt, or both, in the S n, and accept the c r printed name of register OFFICER ESPIN 418 N/A	State of Florida. Sobligations of, Sec ed agent and title if appl	Such change was ction 607.0505, Fl	E: Registered As 1.1 TITLE 1.2 NAM 1.3 STRE	ent signature require E E E E T S S S S T S S S S S S S	ed when reinstating)	DATE FICERS AND	DIRECTO	DRS IN 12
office or r agent. I a IGNATURE 2. ILE ME REET ADORESS	Signature, typed of P BULLOCK P. O. BOX	nt, or both, in the S n, and accept the c r printed name of register OFFICER ESPIN 418 N/A	State of Florida. Sobligations of, Sec ed agent and title if appl	Such change was ction 607.0505, Flacable. (NOT ORS	E: Registered A: 1.1 TITLE 1.2 NAM 1.3 STRE	ent signature require E E E E ST-ZIP E	ed when reinstating)	DATE FICERS AND	DIRECTO	DRS IN 12
office or r agent. I a IGNATURE 2. ILE IME REET ADORESS IY-ST-ZIP ILE	P BULLOCK, P. O. BOX CORTEZ F	nt, or both, in the S n, and accept the c r printed name of register OFFICER ESPIN 418 N/A	State of Florida. Sobligations of, Sec ed agent and title if appl	Such change was ction 607.0505, Flacable. (NOT ORS	E: Registered A: 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM	ent signature require E E E E ST-ZIP E	ed when reinstating)	DATE FICERS AND	DIRECTO	DRS IN 12
office or ragent. I a IGNATURE 2. LE ME REET ADDRESS IY- ST- ZIP LE ME REET ADDRESS	P BULLOCK, P. O. BOX CORTEZ F	nt, or both, in the S n, and accept the c r printed name of register OFFICER ESPIN 418 N/A	State of Florida. Sobligations of, Sec ed agent and title if appl	Such change was ction 607.0505, Flacable. (NOT ORS	E: Registered A: 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITLE 2.1 TITLE 2.2 NAM 2.3 STRE	ent signature require E E E E E E T T T T T T T T T T T T T	ed when reinstating)	DATE FICERS AND	DIRECTO	DRS IN 12 Addition
office or ragent. I a IGNATURE 2. ILE ME REET ADDRESS IY-ST-ZIP	P BULLOCK, P. O. BOX CORTEZ F	nt, or both, in the S n, and accept the c r printed name of register OFFICER ESPIN 418 N/A	State of Florida. Sobligations of, Sec ed agent and title if appl	Such change was ction 607.0505, Flacable. (NOT ORS	E: Registered A: 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITLE 2.1 TITLE 2.2 NAM 2.3 STRE	pent signature require E E E E E E E E T T T T T T T T T T T	ed when reinstating)	DATE FICERS AND	DIRECTO	DRS IN 12 Addition
office or ragent. I a IGNATURE 2. ILE IME REET ADDRESS IY-ST-ZIP ILE IME REET ADDRESS IY-ST-ZIP ILE IME REET ADDRESS IY-ST-ZIP	P BULLOCK, P. O. BOX CORTEZ F	nt, or both, in the S n, and accept the c r printed name of register OFFICER ESPIN 418 N/A	State of Florida. Sobligations of, Sec ed agent and title if appl	Such change was ction 607.0505, Flaction 607.0505,	E: Registered A: 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY	pent signature require E E E E E E E E T T T T T T T T T T T	ed when reinstating)	DATE FICERS AND	DIRECTO	DRS IN 12 Addition
office or ragent. I a IGNATURE 2. ILE IME REET ADORESS IY- ST- ZIP LE IME REET ADDRESS IY- ST- ZIP LE	P BULLOCK, P. O. BOX CORTEZ F	nt, or both, in the S n, and accept the c r printed name of register OFFICER ESPIN 418 N/A	State of Florida. Sobligations of, Sec ed agent and title if appl	Such change was ction 607.0505, Flaction 607.0505,	E. Registered A: 13. 1.1 TITLE 1.2 NAM 1.3 STRE 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CIT) 3.1 TITLE 3.2 NAM 3.3 STRIE 3.2 NAM	epent signature required gent signature required E E E E E E E E E E E E E	ed when reinstating)	DATE FICERS AND	DIRECTO	DRS IN 12 Addition
office or ragent. I a IGNATURE 2. ILE IME REET ADORESS IY- ST-ZIP LE IME REET ADDRESS IY- ST-ZIP LE IME REET ADORESS IY- ST-ZIP LE IME REET ADORESS IY- ST-ZIP	P BULLOCK, P. O. BOX CORTEZ F	nt, or both, in the S n, and accept the c r printed name of register OFFICER ESPIN 418 N/A	State of Florida. Sobligations of, Sec ed agent and title if appl	Such change was ction 607.0505, Flaction 607.0505,	E. Registered A: 13. 1.1 TITL: 1.2 NAM 1.3 STR: 2.2 NAM 2.3 STR: 2.4 CID: 3.1 TITLE 3.2 NAM 3.3 STR: 3.4 CID: 3.4 CID: 3.5 TITLE 3.7 NAM 3.7 STR: 3.8 NAM 3.8 STR: 3.4 CID: 3.4 CID: 3.4 CID: 3.5 STR: 3.4 CID:	ent signature require E E E E E E E E E E E E E E E E E E	ed when reinstating)	DATE FICERS AND	DIRECTO Change Change	DRS IN 12 Addition Addition Addition
office or ragent. I a IGNATURE 2. ILE IME REET ADORESS IY-ST-ZIP ILE IME REET ADDRESS IY-ST-ZIP ILE IME REET ADORESS IY-ST-ZIP ILE IME REET ADORESS IY-ST-ZIP ILE IME	P BULLOCK, P. O. BOX CORTEZ F	nt, or both, in the S n, and accept the c r printed name of register OFFICER ESPIN 418 N/A	State of Florida. Sobligations of, Sec ed agent and title if appl	Such change was ction 607.0505, Flaction 607.0505,	E. Registered A: 13. 1.1 TITLE 1.2 NAM 1.3 STRE 2.2 NAM 2.3 STRE 2.4 CIT) 3.1 TITLE 3.2 NAM 3.3 STRE 4.1 TITLE 4.1 TITLE	eph signature require gent signature require E E E E E E E E E E E E E	ed when reinstating)	DATE FICERS AND	DIRECTO	DRS IN 12 Addition Addition Addition
office or ragent. I a AGNATURE 2. ILE ME REET ADORESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADORESS TY-ST-ZIP LE ME REET ADORESS	P BULLOCK P. O. BOX CORTEZ F	nt, or both, in the S n, and accept the c r printed name of register OFFICER ESPIN 418 N/A	State of Florida. Sobligations of, Sec ed agent and title if appl	Such change was ction 607.0505, Flaction 607.0505,	E. Registered A; 1.1 TITLE 1.2 NAM 1.3 STRE 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITL 3.1 TITLE 3.2 NAM 3.3 STRE 4.1 TITLE 4.1 TITLE 4.2 NAM	eph signature require gent signature require E E E E E E E E E E E E E	ed when reinstating)	DATE FICERS AND	DIRECTO Change Change	DRS IN 12 Addition Addition Addition
office or ragent. I a IGNATURE 2. LE ME REET ADORESS Y- ST- ZIP LE ME REET ADDRESS Y- ST- ZIP LE ME REET ADORESS Y- ST- ZIP LE ME REET ADORESS RY- ST- ZIP LE ME REET ADORESS	P BULLOCK P. O. BOX CORTEZ F	nt, or both, in the S n, and accept the c r printed name of register OFFICER ESPIN 418 N/A	State of Florida. Sobligations of, Sec ed agent and title if appl	Such change was ction 607.0505, Flaction 607.0505,	E: Registered A: 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 4.1 TITLE 4.2 NAM 4.3 STRI	pent signature require pent signature require E E E E E E E E E E E E E E E E E E	ed when reinstating)	DATE FICERS AND	DIRECTO Change Change	DRS IN 12 Addition Addition Addition
office or ragent. I a GNATURE 2. LE ME REET ADORESS Y- ST- ZIP LE ME REET ADDRESS Y- ST- ZIP LE ME REET ADORESS Y- ST- ZIP LE ME REET ADORESS Y- ST- ZIP LE ME REET ADORESS Y- ST- ZIP	P BULLOCK P. O. BOX CORTEZ F	nt, or both, in the S n, and accept the c r printed name of register OFFICER ESPIN 418 N/A	State of Florida. Sobligations of, Sec ed agent and title if appl	Such change was ction 607.0505, Flaction 607.0505,	E: Registered A: 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRI 4.1 TITLE 4.2 NAM 4.3 STRI	eph signature require gent signature require E E E E E E E E E E E E E	ed when reinstating)	DATE FICERS AND	DIRECTO Change Change	DRS IN 12 Addition Addition Addition Addition
office or ragent. I a GNATURE 2. LE ME REET ADORESS Y- ST- ZIP LE ME REET ADDRESS Y- ST- ZIP LE ME REET ADORESS	P BULLOCK P. O. BOX CORTEZ F	nt, or both, in the S n, and accept the c r printed name of register OFFICER ESPIN 418 N/A	State of Florida. Sobligations of, Sec ed agent and title if appl	Such change was ction 607.0505, Flaction 607.0505,	E. Registered A; 1.1 TITLE 1.2 NAM 1.3 STRE 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY	eph signature require gent signature require E E E E E E E E E E E E E	ed when reinstating)	DATE FICERS AND	DIRECTO Change Change Change	DRS IN 12 Addition Addition Addition Addition
office or ragent. I a IGNATURE 2. LE ME REET ADDRESS (Y- ST- ZIP LE ME	egistered age in familiar with Signature, typed of P BULLOCK, P. O. BOX CORTEZ F	nt, or both, in the S n, and accept the c r printed name of register OFFICER ESPIN 418 N/A	State of Florida. Sobligations of, Sec ed agent and title if appl	Such change was ction 607.0505, Flaction 607.0505,	E. Registered A; 1.1 TITLE 1.2 NAM 1.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 4.1 CITY 4.1 TITLE 5.1 NAM 5.3 STRE 5.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.3 STRE 5.4 CITY 5.1 TITLE 5.3 STRE	ent signature require gent signature require E E E E E E E E E E E E E	ed when reinstating)	DATE FICERS AND	DIRECTO Change Change Change	
office or ragent. I a IGNATURE 2. LE ME REET ADDRESS (Y- ST- ZIP LE ME REET ADDRESS (Y- ST- ZIP) LE ME REET ADDRESS	egistered age in familiar with Signature, typed of P BULLOCK, P. O. BOX CORTEZ F	nt, or both, in the S n, and accept the c r printed name of register OFFICER ESPIN 418 N/A	State of Florida. Sobligations of, Sec ed agent and title if appl	Such change was ction 607.0505, Flaticable. (NOTORS DELETE DELETE DELETE DELETE	E. Registered A; 13. 1.1 TITLE 1.2 NAM 1.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 4.4 CITY 4.1 TITLE 4.2 NAA 4.3 STRE 5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY 5.4 CITY 5.4 CITY 5.4 CITY 5.5 STRE 5.4 CITY 5.4 CITY 5.5 STRE 5.4 CITY 5.5 STRE 5.6 CITY 5.7 STRE 5.7 CITY 5.8 CITY 5.9 STRE 5.9 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY 5.4 CITY	pent signature require gent signature require E E E E E E E E E E E E E	ed when reinstating)	DATE FICERS AND	DIRECTO Change Change Change Change	DRS IN 12 Addition Addition Addition Addition Addition Addition
office or ragent. I a GNATURE LE ME REET ADORESS Y- ST- ZIP LE ME REET ADDRESS Y- ST- ZIP LE ME REET ADORESS	egistered age in familiar with Signature, typed of P BULLOCK, P. O. BOX CORTEZ F	nt, or both, in the S n, and accept the c r printed name of register OFFICER ESPIN 418 N/A	State of Florida. Sobligations of, Sec ed agent and title if appl	Such change was ction 607.0505, Flaction 607.0505,	E. Registered A; 1.1 TITLE 1.2 NAM 1.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 4.4 CITY 4.1 TITLE 4.2 NAM 5.3 STRE 5.4 CITY 5.1 TITLE 5.2 NAM 6.3 STRE 6.1 TITLE 6.1 TITLE 6.1 TITLE 6.1 TITLE 6.1 TITLE	pent signature require gent signature require E E E E E E E E E E E E E	ed when reinstating)	DATE FICERS AND	DIRECTO Change Change Change	DRS IN 12 Addition Addition Addition Addition Addition Addition
office or ragent. I a GNATURE LE ME REET ADDRESS Y- ST- ZIP LE ME ME	egistered age im familiar with Signature, typed of P BULLOCK, P. O. BOX CORTEZ F	nt, or both, in the S n, and accept the c r printed name of register OFFICER ESPIN 418 N/A	State of Florida. Sobligations of, Sec ed agent and title if appl	Such change was ction 607.0505, Flaticable. (NOTORS DELETE DELETE DELETE DELETE	E: Registered A: 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 4.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRI 5.2 NAM 5.3 STRI 5.4 CITY 6.1 TITLE 6.2 NAM	pent signature require E E E E E E E E E E E E E E E E E E	ed when reinstating)	DATE FICERS AND	DIRECTO Change Change Change Change	DRS IN 12 Addition Addition Addition Addition Addition Addition
office or ragent. I a GNATURE LE ME REET ADDRESS Y- ST- ZIP LE ME REET ADDRESS	egistered age im familiar with Signature, typed of P BULLOCK, P. O. BOX CORTEZ F	nt, or both, in the S n, and accept the c r printed name of register OFFICER ESPIN 418 N/A	State of Florida. Sobligations of, Sec ed agent and title if appl	Such change was ction 607.0505, Flaticable. (NOTORS DELETE DELETE DELETE DELETE	E: Registered A: 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAM 4.3 STRI 5.1 TITLE 5.3 STRI 5.4 CITY 6.1 TITLE 6.2 NAM 6.3 STRI 6.3	pent signature require gent signature require E E E E E E E E E E E E E	ed when reinstating)	DATE FICERS AND	DIRECTO Change Change Change Change	DRS IN 12 Addition Addition Addition Addition

0

≡::::