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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S22452

1. Corporation Name

2. Principal Place of Business
PLGLÉR BEACH FL 32136 PLON NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/20/1939 2. Principal Place of Business 2. A. Mailing Address 3. C. FEI Number 4. FEI Number 5. C. C. C. Sulle, Apt. #, etc. 2. Sulle, Apt. #, etc. 2. Sulle, Apt. #, etc. 3. City & State 4. FEI Number 5. Certificate of Status Desired 7. Sulle, Apt. #, etc. 2. City & State 2. City & State 4. City & State 5. Certificate of Status Desired 7. Sulle, Apt. #, etc. 2. City & State 7. Sulle, Apt. #, etc. 2. City & State 7. Sulle, Apt. #, etc. 2. City & State 7. Sulle, Apt. #, etc. 2. City & State 7. Sulle, Apt. #, etc. 2. City & State 7. Sulle, Apt. #, etc. 2. City & State 7. Sulle, Apt. #, etc. 2. City & State 7. Sulle, Apt. #, etc. 2. City & State 7. Sulle, Apt. #, etc. 2. City & State 7. Sulle, Apt. #, etc. 2. Sulle, Apt. #, etc. 2. Sulle, Apt. #, etc. 3. Sulle, Apt. #, etc. 3. Sulle, Apt. #, etc. 3. City & State 7. Sulle, Apt. #, etc. 3. Sulle, Apt. #, etc. 4. Ection Committed of Status Desired 4. Ection Committed of Sulle Apt. #, etc. 4. Ection Committed of Sulle Apt. #, etc. 4.
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Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 28 Suite,
City & State City
28 Trust Fund Contribution Added to Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes 29 30 10. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name 10.
Zip Country Zip Country Zip Country Zip Country St. This corporation owes the current year Intangible Personal Property Tax. Yes Yes Personal Property Tax. Yes
28 Personal Property Tax. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent YOUNG, ROBERT A. 208 N 2ND ST P.O. 80X 2223 FLGLER BEACH FL 32136 84 City FL 85 Zip Confice 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 appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors, I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors, I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors, I hereby accept the appointment as registered. Signature, hypod or printed name of registered agent and title if applicable. (NOTE: Registered Agent agrature required when reinstating). DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. NAME YOUNG, ROBERT A. 13. STREET ADDRESS 20. N. N. D. S. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Change Change CHANGE CITY-ST-ZIP Change Change CHANGE CITY-ST-ZIP CHANGE
9. Name and Address of Current Registered Agent YOUNG, ROBERT A. 208 N 2ND ST P.O. BOX 2223 FLGLER BEACH FL 32136 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its re office 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 appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. TITLE 12. OFFICERS AND DIRECTORS 13. STREET ADDRESS 14. City FLORESS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 16. STREET ADDRESS 17. ST. ZP 17. ST. ZP 18. STREET ADDRESS 19. STREET ADDRESS 29. STREET ADDRES
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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), 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, or on amattachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

Feb 04, 1999 8:00am

Secretary of State

02-04-1999 90009 012 ***158.75