05-07-1999 90123 047 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMEN.	T #	S24	936
4 Comparation Name	•	<u> </u>	900

1. Corporatio	MENT # \$2493 0 RCIAL & INDUSTRIAL REF				
Principal Plac	e of Business	Mailing Address		(Estible un usu praie ières lute sun a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
205 COMMERCE WAY JUPITER FL 33458 US PO BOX 2227 JUPITER FL 33468 US			DO NOT WRITE IN 1	THIS SPACE	
	,			3. Date Incorporated or Qualifed 01/15/1991	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	·	26		65-0234714	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & Stat	е	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	25	29	30	Personal Property Tax.	Yes □No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registe	ered Agent
205	Y, WALTER RAY COMMERCE WAY ITER FL 33458		81 Name 82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	,		84 City		FL 85 Zip Code
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Stat im familiar with, and accept the oblig	e of Florida. Such change was a	uthorized by the corporat	poration submits this statement for the purposition's board of directors. I hereby accept the a	se of changing its registered ppointment as registered
SIGNATURE	Signature, typed or printed name of registered at	gent and title if applicable. (NOTE	: Registered Agent signature require	red when reinstating) DAT	E
12.	OFFICERS A	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	
TITLE	ST	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SEAY, WALTER RAY		1.2 NAME		
STREET ADDRESS	11125 THYME DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH GARDNS FL		1.4 CITY-ST-ZIP	, , , , , , , , , , , , , , , , , , , ,	
1	D	□ DELETE	A TITLE		Change Addition

SIGNATURE	Signature, typed or printed name of registered agent and titla if applicable. (NOTE	: Registered Agent signature n	equired when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	ST DELETE	1.1 TITLÉ	☐ Change ☐ Addition
NAME	SEAY, WALTER RAY	1.2 NAME	
STREET ADDRESS	11125 THYME DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDNS FL	1.4 CITY-ST-ZIP	
TITLE	P DELETE	2.1 TITLE	Change Addition
NAME	SEAY, DONALD R.	2.2 NAME	
STREET ADDRESS	205 COMMERCE WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
City-St-ZIP		3.4. CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: