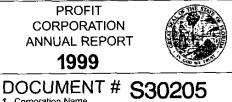
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90112 008 \*\*\*150.00



STATEW	/IDE FINANCIAL CORPORA	TION						
Principal Place	e of Business	Mailing Address					itati aiëti aieti	C MEDIS OFDER COME
7820 S HOLIDAY DR 7820 S HOLIDAY DR								
SARASOTA FL 34231 SARASOTA FL 34231						DO NOT MIDITE IN THIS	200400	
						DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed		1
						02/04/1991 4. FEI Number		Applied For
2. Principal Place of Business 2a. Mailing Address						59-3048150	<u> </u>	lot Applicable
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.						39 3040 130		Additional
¬						5. Certifcate of Status Desired		Required
City & Stat	te .		City & State			6. Election Campaign Financing	\$5.00	May Be
		28				Trust Fund Contribution		to Fees
2 <b>3</b>   Zip	Country	Zip Country				8. This corporation owes the current year In	tangible	
24	25	29	30			Personal Property Tax.	Yes	□No
<u></u> L	9. Name and Address of Curre		<u></u>	_		10. Name and Address of New Registered	Agent	
				81	Name			
GAYHEART, HIGGINS 7820 S HOLIDAY DR SARASOTA FL 34231			Į	82	Street Add	ess (P.O. Box Number is Not Acceptable)		
				83		A Company of the Company		
				84	City		85 Zip	Code
SIGNATURE	Signature, typed or printed name of registered ago		<u> </u>	Agen	t signature requir	red when reinstating)  ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	
12.		ND DIRECTORS DELETE	13.	16	<del></del> -	ADDITIONATION TO OFFICERS A	Change	
TITLE	D CAVHEART HIGGINS		1.2 NA					_
NAME	GAYHEART, HIGGINS 7820 S HOLIDAY DR #300				ADDRESS			ľ
STREET ADDRESS	SARASOTA FL		1.4 CIT		1			ļ
TITLE	OARAGOTA I E	DELETE	2.1 TIT				[] Change	Addition
NAME		<b>_</b>	2.2 NA					Į.
STREET ADDRESS					ADDRESS	1	_	
CITY-ST-ZIP			2. 4 CI		ļ	Section 2 to the section of the sect		
TITLE		☐ DELETE	31 TI				Change	e Addition
NAME			3.2 NA	ME.				l
STREET ADDRESS			3.3 ST	REET	ADDRESS			ļ
CITY-ST-ZIP	1		3.4. CI	TY-S	T-ZIP			
TITLE		☐ DELETE	4.1 TIT	LE			Change	e
NAME			4.2 N	ME	}	•		1
STREET ADDRESS			4.3 ST	REET	ADDRESS			ļ
CITY-ST-ZIP			4.4 Ci	r-s1	T-ZIP			
TITLE		☐ DELETE	5.1 TIT		-		Change	e
NAME			5.2 NA			•		
STREET ADDRESS					ADORESS			·
CITY-ST-ZIP			5.4 CI		T-ZIP			<u> </u>
TITLE		☐ DELETE	6.1 TIT				Change	e 🗌 Addition
NAME	1		6.2 NA					!
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP	1		6.4 CI	ry-81	T-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 suppliemental 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter or on an attachment with an address with all other like empowered.

SIGNATURE: