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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # **S34803**



FLORIDA DEPARTMENT OF STATE

Kathe ine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90050 036 ***150.00

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City & State 28 City & State 28 City & State City & S	22	27			5. Certificate of Status Desired	F	ee Required	
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1000 N COLLIER BLVD #18 MARCO ISLAND FL 34145 82 Street At dress (F.O. Boy Number is Not Acceptable) 83 84 City FL 85 Zip C ode 14 City the purpose of changing its registered	WENGON CAROLVA		81	Name				
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10 discount of the purpose of changing its registered			84	City		- 85	Zip Code	
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 is registered								
I office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I nereby accept the appointment as registered	I office or registered agent or both in the State of F	lorida. Such change was auti	horized by	the corpor	crporation submits this statement for the ation's board of directors. I hereby acce	ept the apt ointment	as registered	
agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	agent. I am familiar with, and a cept the obligations	s of, Section 607.0505, Florid	da Statutes).				
SIGNATURE	SIGNATURE							
Signature, typed or printed hall be of registered agent and use a approache. (NO 2 registered agent and use a registered agent and use a approache.)				nt signature req	ADDITIONS/CHANGES TO O		ECTORS IN 12	
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14. Thereby 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 of 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 corpolation of the receiver or trustee empowered to execute this report as recuired by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed for each attachment with an address, with all other like empowered. CITY-ST-ZIP

SIGNATURE:

INTER NAME OF SIGNING OFFICE! OR DIRECTOR