FILED Feb 01, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

	1999	VE TR	DIVISION OF	CORPORA	TIONS	02-01-1999 900	70 015 150.	00
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·	ce of Business		iling Address					
2742 MAN OF WAR CIR SARASOTA FL 34240 SARASOTA FL 34240 SARASOTA FL 34240						•		•
US		US				DO NOT WRITE	IN THIS SPACE	
						3. Date Incorporated or Qualifed		
						04/25/1991		
2. Principal P	Place of Business	2a.	Mailing Address			4. FEI Number	Apr	olied For
21		26				65-0259765		Applicable
Suite, Apt.	. #, etc.	⊢	Suite, Apt. #, etc.			5. Certifcate of Status Desired	_ \$8.75 A	
22 City 8 Ctat		27	Cib. 9 Ctata				Fee Rec	
City & Stat	te ,	⊢	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 t Added to	
Zip	Country	28	Zip	Coun	trv	8. This corporation owes the current		7 - 663
24	25	29	r	30	,	Personal Property Tax.	· <u>-</u>	□No
	9. Name and Address of Curre		ered Agent	1001		10. Name and Address of New Reg	istered Agent	
		: 🗇		- 1	Name			
AZIN	NGER, R J			,	32 Street Addr	ress (P.O. Box Number is Not Acceptable)	
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	•			1	34 City	Made Falson, No. 848 BCC	85 Zip C	ode
area marine	to get him			[FL - -	
.11. Pursuant	to the provisions of Sections 607.05	502 and 607	7.1508, Florida Statut	es, the about	ove-named corp	poration submits this statement for the pur	pose of changing its	registered
office or r	to the provisions of Sections 607.05 registered agent, or both, in the Statem familiar with, and accept the oblig	te of Florida	a. Such change was a	uthorized t	by the corporation	poration submits this statement for the pur on's board of directors. I hereby accept th	pose of changing its reg	registered jistered
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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 pn any attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: