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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S57223

FILED Jan 25, 1999 8:00am **Secretary of State**

01-25-1999 90027 030 ***150.00

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Principal Plac	ce of Business	Mailing Address			1 18811918 181 BEILE 1881 BEILE 1	1011 B1841 B1911	ATAIL BENTE FNAT
18948 RUSTIC WOOD TRAIL 18948 RUSTIC WOOD TRAIL		L			•		
ODESSA FL 33	3556	ODESSA FL 33556			DO NOT WRITE IN THIS	SDACE	
					3. Date Incorporated or Qualifed	OF AUL	
					06/03/1991		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Ar	oplied For
21		26			<u>59-3071466</u>		ot Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	•	Additional
22		City & State			10 At 2		equired
City & Star	te .	28			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Countr	у	8. This corporation owes the current year into	angible	
24	25	29	30		Personal Property Tax.	☐Yes	□No
	9. Name and Address of Currer				10. Name and Address of New Registered	Agent	
VAN	IDERVORT, MADISON	*	81	1 Name			
100	2 DREW STREET		82	2 Street Add	ress (P.O. Box Number is Not Acceptable)		
CLE	ARWATER FL 34615		8:	2	The traverse of the state of the second of t	12 9 191 () N	2 (8 7) 2 (9) 1 (8 4)
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			84	4 City	· FL	85 Zip	Code
11 Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the above	ve-named corp	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoin	changing its	registered
office or a	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was au itions of, Section 607.0505, Flori	ithorized by ida Statute	y the corporation	on's board of directors. I hereby accept the appoir	ntment as re	gistered
							1
SIGNATURE							
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:	Registered Age		ed when reinstating) DATE		
12.	Signature, typed or printed name of registered age OFFICERS AN	nt and title if applicable. (NOTE:	Registered Age	ent signature require	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	DRS IN 12
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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 an attachment with an address, with all other like empowered.