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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

FILED Feb 05, 1999 8:00 am Secretary of State

DOCI	1999	DIVISION OF	CORPOR	ATIONS				
1. Corporat		3						
}								
Principal Pia	ice of Business	Mailing Address					RY BIRN DISK LEDI	
465 HARRISO		465 HARRISON AVE			·			
PANAMA CIT	Y FL 32401	PANAMA CITY FL 32401			DO NOT WRITE	E IN THIS SPACE		
					3. Date Incorporated or Qualifed			7
2 Dringing	Place of Business	2a. Mailing Address		•	06/03/1991 4. FEI Number		44- 4 F	1
21	· ·	26			59-1870846	; →	Applied For Not Applicable	- ;
Suite, Apr	t. #, etc.	Suite, Apt. #, etc.			5. Certificate of Startus Desired	□ \$8.75	Additional	1
City & Sta	ste .	City & State		· ·		Fae	Required	┨
23		28			Election Campaign Financing Trust Fund Contribution		O May Be d to Fees .	
Zip	Country	Zip	Count	try .	8. This corporation owes the currer			1
24	9. Name and Address of Curren		30		Personal Property Tax. 10. Name and Address of New Re	☐ Yes	□No	
			8	B1 Name				1
CO	LLINS, GEORGE B. HARRISON AVE		ē	32 Street Add	Iress (P.O. Box Number is Not Acceptable	le)	<u> </u>	1
	NAMA CITY FL 32401-4997			13	22.5	2 1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	18 (2) (3)	-
·			L			强圈的能量		Ţ
				84 City FL 85 Zip Code				
			1					
11. Pursuan	the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	es, the about	we-named com	poration submits this statement for the pu		ts registered	1
	· · · · · · · · · · · · · · · · · · ·	2 and 607.1508, Florida Statute of Florida. Such change was a ions of, Section 607.0505, Flor	es, the abouthorized b	ove-named corr by the corporations.	poration submits this statement for the prion's board of directors. I hereby accept to		ts registered registered	
11. Pursuan office or agent. I : SIGNATURE	· · · · · · · · · · · · · · · · · · ·			ove-named corporations.			s registered egistered	
SIGNATURE	Signature, typed or printed name of registered agent	end title if applicable. (NOTE:				pose of changing in the appointment as in the parts		(98)
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS ANI	and title if applicable. (NOTE:	13.	pent algneture require	ed when reinstating)	pose of changing in the appointment as in the parts	ORS IN 12	(11/98)
SIGNATURE 12. TITLE NAME	Signature, typed or printed merite of registered appertunity of PD COLLINS, ANNE R.	end title if applicable. (NOTE:	Registered Age 13.	gent algneture require	ad when reinstating) (10.00) ADDITIONS/CHANGES TO OFFICE	prose of changing in the appointment as in t	ORS IN 12	034 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or priviled memo of registered appertunition of FICERS AND PD COLLINS, ANNE R. 465 HARRISON AVE	end title if applicable. (NOTE:	13. 1.1 TITLE 1.2 NAME 1.9 STREE	gent algnature require	ad when reinstating) (10.00) ADDITIONS/CHANGES TO OFFICE	prose of changing in the appointment as in t	ORS IN 12	ZE034 (11/98)
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14. I hereby certify that the information supplied with this filling 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 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 a stratement with an address, with all other like empowered.

Water Tolland & Milly Water Lat Brit.