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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 19, 1999 8:00 am Secretary of State

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FIREFLY ENTERPRISES, INC.

Principal Place	of Business	Mailing A	Address				רו וויינים ווינים ווינים ווינים ווינים ווינים וויינים וויינים וויינים ווינים ווינים ווינים ווינים ווינ			# (1 # (# () # (# ()	. 61511 61611 1481
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U\$ US							DO NOT WRITE IN THIS SPACE				
							3. Date Incorporate	ed or Qualifed			
							07/01/1991				
2. Principal Pl	ace of Business	2a. Mailir	ng Address				4. FEI Number				pplied For
21		26					65-0272172				lot Applicable
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.				5. Certifcate of Sta	tus Desired			Additional
22		27	The state of the s						<u>. </u>	Fee F	tequired
City & State		City &	City & State				6. Election Campai	gn Financing			May Be
23		28					Trust Fund Cont	ribution		Addeg	to Fees
Zip	Country	Zip	_	Coun	itry		8. This corporation	owes the cur	rent year Inta		
24	25	29		30			Personal Proper			☐ Yes	□No
	9. Name and Address of C	Current Registered	Agent		1		10. Name and Add	ress of New	Registered A	Agent	- -
				1	81	Name					
	ON, DAVID L.			h	82	Street Addre	ess (P.O. Box Number	is Not Accept	able)		
937 47TH ST											
SARA	ASOTA FL 34234			[7	83						*
	•			L.	-1	<u> </u>				ne Ziv	Code
	^			l'	84	City			FL	85 Zip	Code
11 Pursuant t	o the provisions of Sections 60	07.0502 and 607.150	8. Florida Statut	es, the ab	ove-I	named corpo	oration submits this sta	tement for the	purpose of	changing i	s registered
office or re	o the provisions of Sections of egistered agent, or both, in the m familial with an vacce of the	State of Florida, Suc	ch change was a	uthorized	by th	he corporatio	n's board of directors.	r nereby acce	ht tile appoil	illiient as	egistered
agent. I ar	n familia with an vaccoot the	bilgations of, Section						4	13/99	2	
SIGNATURE	Signature, typed or printed frame of registe	ared agent and title if applical	DIE (NOTE			sionature required	when reinstating)		DATE		
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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 officer or director of the corpora Block 12 or Block 13 if change

SIGNATURE: