## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 09, 1999 8:00am

**Secretary of State** 02-09-1999 90014 019 \*\*\*150.00

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # S69341

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					1 # <b>1611216</b> 11 <b>8 2</b> 111 <b>0</b> 1 <b>6</b> 1110 14114 <b>0</b> 1100 1		
Principal Place	e of Business	Mailing Address			i festible tid bitta ikina tilti atami		91911 91917 1991
2364 JAMESTO	WN ROAD	P.O. BOX 10272				14	
FERNANDINA BEACH FL 32034 JACKSONVILLE FL 32247					DO NOT WRITE	ALTHIC COACE	
US		US				IN THIS SPACE	
					3. Date Incorporated or Qualifed 07/31/1991		
2. Principal Pf	face of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			59-3075144		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	
City & State	e	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Country		8. This corporation owes the current	year Intangible	
24	25	29	30		Personal Property Tax.		□No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Reg	istered Agent	
DAM	IIREZ, WILLIAM		81 Na	me		• • •	
	BENJAMEN ROAD		82 Str	eet Addres	s (P.O. Box Number is Not Acceptable	)	
' įsuit	TE #500		83				
TAM	IPA FL 33634						
,			84 Cit	y		FL 85 Zip C	Code
11. Pursuant t	to the provisions of Sections 607.05	502 and 607.1508, Florida Statute	s, the above-nan	ned corpor	ation submits this statement for the pur 's board of directors. I hereby accept th	rpose of changing its	registered
office or re	egistered agent, or both, in the Star	te of Florida. Such change was au	monized by the c	orporation	S obaid of directors. I ficieby accept it	ie abbolimniem as ref	gistored
agent. I ar	m familiar with, and accept the oblig	gations of, Section 607.0505, Flori	ida Statutes.				
agent. I ar SIGNATURE		gations of, Section 607.0505, Flori	ida Statutes.				
agent. I ar	Signature, typed or printed name of registered a	gations of, Section 607.0505, Flori  agent and title if applicable. (NOTE: f	Registered Agent signa		then reinstalling)	DATE	
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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; 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 exporation 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.

6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP