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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Sep 23, 1999 8:00 am Secretary of State

09-23-1999 90002 047 ***550.00

<i>'</i> 1999	
DOCUMENT # 5 7 1. Corporation Name Claster and Comp	

	·			•	* 6 619003 - 90002 - 47 3 *
Principal Place of	f Business	Mailing Address			
	n wood lare	119 Setinwood (0.00		
70 00	ad Da Hase Fi	Redn Beach Jan	dood	FC	22 112 112 112 112 112 112 112 112 112
talm De	aenfardensti			• -	DO NOT WRITE IN THIS SPACE
	33410	33	1410		3. Date Incorporated or Qualified 8 / 30 / 9 /
2. Principal Plac	e of Business	2a. Mailing Address		•	4. FEI Number Applied For
21		26			65-0277674 Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22	27			ree Required	
City & State	City & State City & State				6. Election Campaign Financing \$5.00 May Be
23				Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Countr	у	8. This corporation owes the current year Intangible Personal Property Tax Yes No
24	25	<u></u>	100		Personal Property Tax. Yes ANO 10. Name and Address of New Registered Agent
	9. Name and Address of Current I	Registered Agent	8	1 Name	IV. Name and Address of New Registered Agent
		4)		· · · · · · · · · · · · · · · · · · ·	
(previously regu	ntod)	8	2 Street Add	dress (P.O. Box Number is Not Acceptable)
au	previously sign	wear)	8	3	
Ĺ	0 0		"]	
			84	4 City	FL 85 Zip Code
	07.0500	CO7 1509 Florido Statudos	the che	ve named cor	rporation submits this statement for the purpose of changing its registered
office or regi	istered agent, or both, in the State of	Florida, Such change was aut	nonzed by	y tne corporat	tion's board of directors. I hereby accept the appointment as registered
agent. I am t	familiar with, and accept the obligation	ns of, Section 607.0505, Florid	da Statute	5.	
SIGNATURE		MOTE: E	lanistand A	ant eksantura ranui	ired when reinstating) DATE
12.	mature, typed or printed name of registered agent a OFFICERS AND		13.	ork signature requi	ADDITIONS/CHANGES TO DESICERS AND DIRECTORS IN 12
TITLE 6	mare C accessor	Per Side DELETE	1.1 TITLE		officer letted on left Change Addition remains as previously reported
NAME 1	1110000 0: 45000000000000000000000000000000		1.2 NAME	:	affect the state of the
STREET ADDRESS	19 32/11/000	321/10	1.3 STRE	ET ADDRESS	remains as previously
CITY-ST-ZIP	aen Beachfarain	7 4c 22 4M	1.4 CITY-	ST-ZIP	reported
TITLE	<u> </u>	☐ DELETE	2.1 TITLE		V ☐ Change ☐ Addition
NAME			2.2 NAME		
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CITY-ST-ZIP			.2.4.CITY:	ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
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STREET ADDRESS		•	3.3 STRE	ET ADDRESS	
CITY-ST-ZIP			3.4. CITY-	-ST-ZIP	
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NAME			4. 2 NAMI	E	
STREET ADDRESS			4.3 STRE	ET ADDRESS	
CITY-ST-ZIP			4.4 CITY-	ST-ZIP	70 7.00
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP			5.4 CITY-		Chaa C Addition
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	Į.	
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP			6.4 CITY-	ST-ZIP	Continue 440 07/2V/) Elegida Statutes Lighther certify that the information

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 informatic 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3|8|99

Sel - 694 - 1547 Daytime Phone # 100E034 (41/08)