Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90011 003 \*\*\*150.00

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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # \$75190**

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POST OFFICE BOX 14036 POST OFFICE BOX 14036 GAINESVILLE FL 32604 GAINESVILLE FL 32604						1			•	
US US							DO NOT WRITE IN THIS SPACE			
						3.	Date Incorporated or Qualifed	t		į
						1	08/22/1991			
	lace of Business	2a. Mailing Addre	:SS				FEI Number		<u> </u>	pplied For ot Applicable
21	4 - 2	26 Suite Ant #	ot-				<u>59-3081193</u>			Additional
Suite, Apt.	#, etc.	Suite, Apt. #,	eic.			5.	Certifcate of Status Desired		•	eguired
22 City & Stat		City & State				<del>-</del>	Flastica Commiss	<del> </del>		
City & Stat	•	28	<del>.</del> -			6.	Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Zip		Country	'	8.	This corporation owes the cu	rrent year Inta	angible	_
24	25	29	30				Personal Property Tax.		Yes	□No
	9. Name and Address of Current	Registered Agent				10.	Name and Address of New	Registered /	Agent	
1444.5	n nezen u			81	Name					
	D, PETER H.			82	Street A	ddress (P	O. Box Number is Not Accep	table)		
4001 NEWBERRY ROAD, C-1							-			
GAIN	IESVILLE FL 32607			83	1					
۵				84	City				85 Zip	Code
4				(	<b>-</b> ,			FL	1 1 1	
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effice or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation.	of Florida. Such chang	e was autho	onzed by	the corpor	orporation ation's bo	aubmits this statement for the eard of directors. I hereby acce	e purpose of ept the appoir	changing its ntment as re	s registered egistered
effice or n	egistered agent, or both, in the State on m familiar with, and accept the obligati	of Florida. Such chang ions of, Section 607.0	je was autho 505, Florida	Statutes	the corpor	ation's bo	ard of directors. I hereby acce	ept the appoir	changing its	s registered egistered
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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 charged, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 C/TY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP

CREQUERISD Baron, VP/Treasurer 4/1 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR