PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

DOCUMENT # S7 1. Corporation Name

Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Jul 22, 1999 8:00 am Secretary of State

07-22-1999 90015 042 ***550.00

BOND 2	INEE I RESIGNERS! HAC							
Principal Place	e of Business	Mailing Address			1 hallt ibt ift iban een it aufen eren a	16 616 is 61 per 2 to 10 21 p		
1000 SAWGRASS VILLAGE 1000 SAWGRASS VILLAGE							•	
PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32082						N THE SEASE		
						DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		İ	
					08/28/1991		n of a direct	
	lace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26			59-3080917		Not Applicable	
	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	,	Additional Required	
22 27					,			
City & State		City & State		6. Election Campaign Financing		\$5.00 May Be		
23		28		Trust Fund Contribution	Added to Fees			
Zip	Country	Zip		intry — —	8. This corporation owes the current	year Intengible	□No	
24	25	29	30		Personal Property Tax.	☐ Yes	LINO	
	9. Name and Address of Current	Registered Agent		041 1	10. Name and Address of New Reg			
TOACY HENNING EDOLOGE BI NEMET NOSAY A. WILSON							l	
TRACY HENNING FROMME				82 Street	Address (P.O. Box Number is Not Acceptable	<u>,, , , , , , , , , , , , , , , , , , ,</u>	140	
1000 SAWGRASS VILLAGE DRIVE				100	OD SAWGRASS VICU	GE DRI	VE	
	E 104			83 CL	11TE 104		-	
PON	te vedra fl 32082			84 City		85 Zu	Code	
				ומקוו	$NTE\ VEDRA \underline{} $	FL 3	300	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and appent the obligations of, Section 607.0505, Florida Statutes.								
office or registified agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with a post that the observables of Section 607 505 Findla Statutes								
1 21.00/2 11 10.1012								
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (F	OTE: Registered	Agent signature	required when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	P	DELETE	1.1 11	TLE	PRESIDENT	Change	Addition	
NAME	TRACY H. FROMME	₩.	12 N	WE	LINDSAT A WILSON 1000 SAWERASS VILLAGI	= NR. #1	04	
STREET ADDRESS	1000 SAWGRASS VILLAGE DR.		135	REET ADDRESS	1000 SAWERASS VICENS		·	
CITY-ST-ZIP	PONTE VEDRA FL		14 0	TY-ST-ZIP	PONTE VEDRA, PL.	370A9	;	
TITLE		☐ DELETE	21 Π	TLE		☐ Chang	e ☐ Addition ☐	
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CITY-ST-ZIP				TY-ST-ZIP				
TITLE		☐ DELETE				☐ Chang	e Addition	
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STREET ADDRESS					,			
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TITLE.		() DELETE				☐ Change	e ☐ Addition }	
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CITY-ST-ZIP				TY-ST-ZIP		1		
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NAME			6.2 N	WE			ļ	
STREET ADDRESS	·		6.3 ST	REET ADDRESS	•	• •		
CITY-ST-ZIP			6.4 CF	TY-ST-ZIP			· <u>·</u> 1	
THE PROPERTY OF						at the their sta	·	

14. Thereby 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 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 completation or the herebyer or fustee 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 an an assume that my name appears in the second of the completation of

SIGNATURE:

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