## 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

## **FILED** Feb 08, 1999 8:00am **Secretary of State**

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Principal Place of Business Mailing Address					IEL GIBIL BIGH BIBH (884	
150 S.W. 27TH AVENUE B38 S. CONGRESS AVENUE OCALA FL 34474 WEST PALM BEACH FL 33414				DO NOT WRITE IN THIS SPA	ACE.	
	,			3. Date Incorporated or Qualifed 09/06/1991		
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-3054106	Not Applicable	
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	8.75 Additional	
22		27			Fee Required	
City & Sta	ite .	City & State			\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	This corporation owes the current year Intangib		
24	25	·	30	Personal Property Tax.	134	
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered Ager	nt	
IOF	INCON CLADENCE IN	•	81 Name			
JOHNSON, CLARENCE W St. 838 S. CONGRESS AVENUE			82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)		
WEST PALM BEACH FL 33406			83	The transfer of the company of the c	14 15 744 - 1257 4 45 1255 (101, 0258): 11 80 4 36 4255	
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			84 City	FI 85	Zip Code ''' '	
11. Pursuant	t to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the above-named corp	poration submits this statement for the purpose of chan on's board of directors. I hereby accept the appointmen	ging its registered	
office or	registered agent, or both, in the State	of Florida. Such change was au	thorized by the corporati	on's heard of directors. I hereby accept the appointmen	nt as registered	
i adent. I a	am tamiliar with, and accept the colldal	tions of, Section 607,0505, Flori	da Statutes.	· ·		
. •	-	tions of, Section 607.0505, Flori	da Statutés.	and board of directors. Thoroby doodpt and appointment		
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: F	da Statutes.  Registered Agent signature require	d when reinstating)		
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN	t and title if applicable. (NOTE: F	da Statutes.  Registered Agent signature require  13.	d when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS IN 12	
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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 armuel report is true and accurate and that rhy 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 13 if changed; or on an attachment with an address with all other like empowered.

SIGNATURE