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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$80317

FILED Feb 17, 1999 8:00am **Secretary of State**

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Principal Pla	ce of Busine	SS	Mailie	ng Address					OION THUS BIGH BIGH	
143 SCORPIONS CT 9322 ARBORWOOD CIRCLE										
MERRITT ISLAND FL 32953 DAVIE FL 33328							•			
								DO NOT WRITE IN	THIS SPACE	
								3. Date Incorporated or Qualifed 09/13/1991	2.3	
2. Principal I	Place of Bus	ness	2a. M	lailing Address				4. FEI Number	A	oplied For
21			26					59-3098198		ot Applicable
Suite, Apt. #, etc.			27	·• · · · · · · · · · · · · · · · · · ·				5. Certificate of Status Desired	•	Additional equired
City & State				City & State				6. Election Campaign Financing	\$5.00	May Be
23		01	28					Trust Fund Contribution	Added	to Fees
Zip		Country	Zi	р	Cou	intry		8. This corporation owes the current year	_=	
24	O Nome	25 and Address of Curr	29	ad Agent	30	r		Personal Property Tax.	☐ Yes	□No
		and Address of Carl	ent Register	ea Agent		81 Na	me	10. Name and Address of New Registe	rea Agent	
PAL	ERMO, MA	RGARET								
9322 ARBORWOOD CIR DAVIE FL 33328						82 Str	eet Addres	ss (P.O. Box Number is Not Acceptable)		
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						84 Cit	y		E1 85 Zip	Code
11. Pursuani	t to the provi	sions of Sections 607.0	502 and 607.	1508, Florida Statu	tes, the al	bove-nar	ned corpor	ation submits this statement for the purpos 's board of directors. I hereby accept the a	e of changing its	registered
office or agent. I a	registered ag am familiar w	gent, or both, in the Stat rith, and accept the oblid	te of Florida. pations of, Se	Such change was a ection 607.0505. Flo	authorized orida Statu	l by the c utes.	orporation	's board of directors. I hereby accept the a	ppointment as re	gistered
SIGNATURE			,	•	•					
0,0,0,0,0,0	Signature, type	d or printed name of registered a			: Registered	Agent signa	ture required v	when reinstating) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	E	
12.	DT	OFFICERS A	AND DIRECT	ORS	13.					
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: