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

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # S86568



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90056 039 ***150.00

						1 11			
Principal Place of Business	Mailing Address						 	1831 WIWII 1 8811	
12009 SW GRAPE AVE	P.O. BOX 147								
FT OGDEN FL 34267 FT OGDEN FL 37267						DO NOT W	RITE IN THIS	SPACE	
US	US			H	3. Date Incorporate				
					10/11/1991				}
2. Principal Place of Business	2a. Mailing Address				4. FEI Number			A	pplied For
21	26				59-3156955				ot Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certifcate of Sta	tue Decired		• -	Additional
22	27			l_				Fee F	equired
City.& State	City & State				6: Election Campa		g	•	May Be
23	28				Trust Fund Cont				to Fees
Zip Country	Zip	Country	/		8. This corporation		urrent year Int	angible □ Yes	ØNo
24 25	29 3	0			Personal Proper Name and Add	•	v Registered		EINO
9. Name and Address of Current	Registered Agent	81	Name	<u>'</u>	v. Haille allo Adu	1167	vogisteidu	80111	
SHORT, SAM									
12009 S.W. GRAPE ST.		82	Street	Address	(P.O. Box Number	is Not Acce	ptable)		İ
FT. OGDEN FL 33842		83				_	•		
		84	City				FL	85 Zip	13% 7
11. Pursuant to the provisions of Sections 607,0502	and 607 1508. Florida Statutes	the abov	e-named	corporat	ion submits this sta	tement for the	he numose of	changing it	s registered
office or registered agent or both in the State of	r Florida. Such chande was auti	norized by	r une corbo	oration's	board of directors.	I hereby acc	cept the appoi	ntment as r	egistered
agent. I am familiar with, and accept the obligation	ons or, Section 007.0303, Florid	ia Statutes	5.		-	•			Ì
SIGNATURE	_		> .	equired whe	en reinstating)	· 	DATE		
·	and title if applicable. (NOTE: R		> .		ADDITIONS/CHA	NGES TO			
SIGNATURE Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered Age	> .	VPI	ADDITIONS/CHA			ND DIRECT	
SIGNATURE Signature, typed or printed name of registered agent 12. OFFICERS AND	and title if applicable. (NOTE: R	egistered Age	nt signature r	VP/	MAN.SHOPT		OFFICERS A		
SIGNATURE Signature, typed or printed name of registered agent 12. OFFICERS AND TITLE PDS	and title if applicable. (NOTE: R	13. 1.1 TITLE 1.2 NAME	nt signature r	VP/ DoN	MAM.SHORT	APE. S	OFFICERS A		
SIGNATURE Signature, typed or printed name of registered agent 12. OFFICERS AND TITLE PDS SHORT, SAM	and title if applicable. (NOTE: R.) DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME	nt signature r	VP/ DoN	MAN.SHOPT	APE. S	OFFICERS A	Change	Addition
SIGNATURE Signature, typed or printed name of registered agent 12. OFFICERS AND TITLE PDS NAME SHORT, SAM STREET ADDRESS CITY-ST-ZIP FORT OGDEN FL	and title if applicable. (NOTE: R	13. 1.1 TITLE 1.2 NAME 1.3 STREE	nt signature r	VP/ DoN	MAM.SHORT	APE. S	OFFICERS A		Addition
SIGNATURE	and title if applicable. (NOTE: R.) DIRECTORS DELETE	egistered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE	nt signature r	VP/ DoN	MAM.SHORT	APE. S	OFFICERS A	Change	Addition
SIGNATURE Signature, typed or printed name of registered agent 12. OFFICERS AND TITLE PDS SHORT, SAM STREET ADDRESS CITY-ST-ZIP FORT OGDEN FL TITLE 1 NAME	and title if applicable. (NOTE: R.) DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME	nt signature r	VP/ DoN	MAM.SHORT	APE. S	OFFICERS A	Change	Addition
SIGNATURE Signature, typed or printed name of registered agent 12. OFFICERS AND TITLE PDS SHORT, SAM STREET ADDRESS CITY-ST-ZIP FORT OGDEN FL TITLE NAME STREET ADDRESS CITY-ST-ZIP	and title if applicable. (NOTE: R) DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE	T ADDRESS	VP/ DoN	MAM.SHORT	APE. S	OFFICERS A	Change	Addition Addition
SIGNATURE Signature, typed or printed name of registered agent 12. OFFICERS AND TITLE PDS SHORT, SAM STREET ADDRESS CITY-ST-ZIP FORT OGDEN FL TITLE NAME STREET ADDRESS	and title if applicable. (NOTE: R.) DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE	T ADORESS	VP/ DoN	MAM.SHORT	APE. S	OFFICERS A	Change	Addition
SIGNATURE Signature, typed or printed name of registered agent 12. OFFICERS AND TITLE PDS SHORT, SAM STREET ADDRESS CITY-ST-ZIP FORT OGDEN FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	and title if applicable. (NOTE: R) DIRECTORS DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME	T ADORESS T ADORESS T ADORESS	VP/ DoN	MAM.SHORT	APE. S	OFFICERS A	Change	Addition Addition
SIGNATURE Signature, typed or printed name of registered agent 12. OFFICERS AND TITLE PDS SHORT, SAM STREET ADDRESS CITY-ST-ZIP FORT OGDEN FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	and title if applicable. (NOTE: R) DIRECTORS DELETE DELETE	13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 22 NAME 2.3 STREE 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE	T ADDRESS T ADDRESS T ADDRESS T ADDRESS	VP/ DoN	MAM.SHORT	APE. S	OFFICERS A	Change	Addition Addition
SIGNATURE Signature, typed or printed name of registered agent 12. OFFICERS AND TITLE PDS SHORT, SAM 12009 SW GRAPE ST FORT OGDEN FL TITLE NAME STREET ADDRESS CITY-ST-ZIP	and title if applicable. (NOTE: R) DIRECTORS DELETE DELETE	13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 22 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-	T ADDRESS T ADDRESS T ADDRESS T ADDRESS	VP/ DoN	MAM.SHORT	APE. S	OFFICERS A	☐ Change	Addition Addition
SIGNATURE Signature, typed or printed name of registered agent 12. OFFICERS AND TITLE PDS SHORT, SAM 12009 SW GRAPE ST FORT OGDEN FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	and title if applicable. (NOTE: R) DIRECTORS DELETE DELETE	13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 22 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.4 CITY- 4.1 TITLE	T ADORESS ST-ZIP ET ADORESS ST-ZIP ET ADORESS ST-ZIP	VP/ DoN	MAM.SHORT	APE. S	OFFICERS A	Change	Addition Addition
SIGNATURE Signature, typed or printed name of registered agent 12. OFFICERS AND TITLE PDS SHORT, SAM 12009 SW GRAPE ST FORT OGDEN FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	and title if applicable. (NOTE: R) DIRECTORS DELETE DELETE	egistered Age 13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 22 NAME 23 STREE 32 NAME 33 STREE 34. CITY- 4.1 TITLE 4.2 NAME	T ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	VP/ DoN	MAM.SHORT	APE. S	OFFICERS A	☐ Change	Addition Addition
SIGNATURE Signature, typed or printed name of registered agent 12. OFFICERS AND TITLE PDS SHORT, SAM STREET ADDRESS CITY-ST-ZIP FORT OGDEN FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	and title if applicable. (NOTE: R) DIRECTORS DELETE DELETE	egistered Age 13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 3.2 NAME 3.3 NAME 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.3 STREE 4.4 STREE 4.5 STREE 4.5 STREE 4.6 STREE 4.6 STREE	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	VP/ DoN	MAM.SHORT	APE. S	OFFICERS A	☐ Change	Addition Addition
SIGNATURE Signature, typed or printed name of registered agent 12. OFFICERS AND TITLE PDS SHORT, SAM 12009 SW GRAPE ST FORT OGDEN FL TITLE NAME STREET ADDRESS CITY-ST-ZIP	and title if applicable. (NOTE: R) DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 22 NAME 23 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-5	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	VP/ DoN	MAM.SHORT	APE. S	OFFICERS A	☐ Change	Addition Addition Addition
SIGNATURE Signature, typed or printed name of registered agent 12. OFFICERS AND TITLE PDS SHORT, SAM 12009 SW GRAPE ST FORT OGDEN FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	and title if applicable. (NOTE: R) DIRECTORS DELETE DELETE	egistered Age 13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 3.2 NAME 3.3 NAME 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.3 STREE 4.4 STREE 4.5 STREE 4.5 STREE 4.6 STREE 4.6 STREE	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	VP/ DoN	MAM.SHORT	APE. S	OFFICERS A	☐ Change	Addition Addition Addition
SIGNATURE Signature, typed or printed name of registered agent 12. OFFICERS AND TITLE PDS SHORT, SAM STREET ADDRESS CITY-ST-ZIP TITLE NAME	and title if applicable. (NOTE: R) DIRECTORS DELETE DELETE DELETE	egistered Age 13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 22 NAME 23 STREE 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	VP/ DoN	MAM.SHORT	APE. S	OFFICERS A	☐ Change	Addition Addition Addition
SIGNATURE Signature, typed or printed name of registered agent 12. OFFICERS AND TITLE PDS SHORT, SAM STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	and title if applicable. (NOTE: R) DIRECTORS DELETE DELETE DELETE	egistered Age 13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 22 NAME 23 STREE 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	VP/ DoN	MAM.SHORT	APE. S	OFFICERS A	☐ Change	Addition Addition Addition
SIGNATURE Signature, typed or printed name of registered agent 12. OFFICERS AND TITLE PDS SHORT, SAM 12009 SW GRAPE ST FORT OGDEN FL TITLE NAME STREET ADDRESS CITY-ST-ZIP	and title if applicable. (NOTE: R) DIRECTORS DELETE DELETE DELETE	egistered Age 13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 22 NAME 32 STREE 32 NAME 33 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	VP/ DoN	MAM.SHORT	APE. S	OFFICERS A	☐ Change	Addition Addition Addition
SIGNATURE Signature, typed or printed name of registered agent 12. OFFICERS AND TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE	and title if applicable. (NOTE: R) DIRECTORS DELETE DELETE DELETE DELETE DELETE	9 stered Age 13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 22 NAME 23 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-5 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-5 5.3 STREE 5.4 CITY-5	T ADDRESS ST-ZIP	VP/ DoN	MAM.SHORT	APE. S	OFFICERS A	Change	Addition Addition Addition
SIGNATURE Signature, typed or printed name of registered agent 12. OFFICERS AND TITLE PDS SHORT, SAM 12009 SW GRAPE ST FORT OGDEN FL TITLE NAME STREET ADDRESS CITY-ST-ZIP	and title if applicable. (NOTE: R) DIRECTORS DELETE DELETE DELETE DELETE DELETE	9 stored Age 13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 22 NAME 23 STREE 3.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-5 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-1 6.1 TITLE 6.2 NAME	T ADDRESS ST-ZIP	VP/ DoN	MAM.SHORT	APE. S	OFFICERS A	Change	Addition Addition Addition

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: 🔬



04 - 08-99