FILED

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90142 048 ***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

| DOCUN 1. Corporation DEBRUS | | | | | |
|---|--|---|---------------------------------------|--|--|
| Principal Ptace | of Business | Mailing Address | | I I I I I I I I I I I I I I I I I I | 9(8() 8(8)) B181) B1811 B1811 B1811 IBB1 |
| Principal Place of Business 2389 KNOLL DR SPRING HILL FL 34608 US | | 2389 KNOLL DR SPRING HILL FL 34608 US | | DO NOT WRITE IN THIS | S SPACE |
| 03 | | 00 | | 3. Date Incorporated or Qualifed | |
| | | | | 11/13/1991 | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | | 26 | | 59-3093288 | Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional |
| 22 | | 27 | | 5. Certificate of Status Desired | Fee Required |
| City & State |) | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation owes the current year in | |
| 24 | 25 | 29 3 | 0) | Personal Property Tax. | □Yes ∠BNo |
| | 9. Name and Address of Current | Registered Agent | 04 Nove | 10. Name and Address of New Registered | Agent |
| eti k | CKEN BIIGGELI | | 81 Name | | |
| STUCKEY, RUSSELL | | | 82 Street Addr | ess (P.O. Box Number is Not Acceptable) | |
| 7460 APACHE TRAIL SPRING HILL FL 34606 | | | 258 | 1 KNOLL DIC | |
| OFFI | NG THEE 1 E 34000 | | 83 | | |
| | | | 84 City | | 85 Zin Code |
| 11. Pursuant | to the provisions of Sections 607.0502 | and 607.1508, Florida Statutes | , the above-named corp | oration submits this statement for the purpose of on's board of directors. I hereby accept the appoint of the purpose of the p | f changing its registered |
| office or fi | egistered agent, or both, in the State on In familiar with, and accept the obligati | ons of Section 607.050%, Florid | nonzed by the corporational statutes. | on's board of directors. Thereby accept the appo | antinient as registered |
| SIGNATURE | (Supple | Munko | | - 3\S\9° | 9) ! |
| SIGNATURE | Signature, typed or printed name of registered agent | | egisterød Agent signature require | | |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFICERS A | |
| TITLE | PDD | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | STUCKEY, RUSSELL | | 12 NAME | | |
| STREET ADDRESS | 2389 KNOLL DR | | 1.3 STREET ADDRESS | | ļ |
| CITY-ST-ZIP | SPRING HILL FL 34608 | E DELETE | 1.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE | ST DEPODAL | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | STUCKEY, DEBORAH | | 2.2 NAME | | ļ |
| STREET ADDRESS | 2389 KNOLL DR | | 2.3 STREET ADDRESS | | ائيد يا يو |
| CITY-ST-ZIP | SPRING HILL FL 34608 | ☐ DELETE | 2.4 CITY-ST-ZIP 3.1 TITLE | | ☐ Change ☐ Addition |
| TITLE | | | | | Commiss Character |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | ☐ DELETE | 3.4. CITY-ST-ZIP 4.1 TITLE | | ☐ Change ☐ Addition |
| TITLE | | | 4.2 NAME | | |
| NAME | | | 4.3 STREET ADDRESS | | |
| STREET ADDRESS | | | 4.4 CITY-ST-ZIP | | |
| CITY-ST-ZIP TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | <u></u> | 5.2 NAME | | (|
| STREET ADDRESS | | | 5.3 STREET ADDRESS | ** | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | , |
| TITLE | | ☐ DELETE | 6.1 TITLE | | Change Addition |
| | | | 6.2 NAME | | |

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 shanged, or on an attachment with an address, with all other like empowered.

6 3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

IGERAOR DIRECTOR