PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 10, 1999 8:00 am Secretary of State

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Principal Place	e of Rusiness	Mailing Address					13) OTT OFFICE OFFI	I Brist of Ber of State of	ABAT EJEI	ı Bibri dil	PET BIRTH FRAN	
3101 S.R. 580	o or business	3382 HICKORYWOOD WAY										
SAFETY HARBOR FL 34695-4923 TARPON SPRINGS FL 34689				1								
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BON	ETT), ARLENE			1 1		•		,				1
	HICKORYWOOD WAY			82 S	treet Addre	ess (P.O. Box Nur	nber is Not Accep	table)				
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1747	FUN SPRINGS PL 34009			83			•					ŀ
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	to the provisions of Sections 607,0502	and 607.1508, Florida Statutes	s, the a		med como	ration submits th	s statement for th	e purpose of	chana	ing its r	egistered	
11. Pursuant	to blo profitions of account of			ibove-na	mon contro	ACCOUNT OUGHT OF			-tenant	an regi	letered	
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SIGNATURE	Signature, typad or printed name of registered agent	and title if applicable. (NOTE: F	legistered	d Agent sign		when reinstating)		DATE	ID DIR			(11/98)
SIGNATURE 12.	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: F	13.	d Agent sign		when reinstating)		DATE	ID DIR	ECTOR	RS IN 12	34 (11/98)
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14. 1 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 end 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 fike empowered.

SIGNATURE: Booking SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR