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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V08379 1. Corporation Name

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90066 017 ***150.00

IYLEHII	i, ing.					
Principal Place	e of Business	Mailing Address		A LAMIL MINDL DE LOS LATORS ETERT FABRICA FONT AFA	(618 1) 819 1) 819 1) 8 1	S11 81511 1861
139 VIA NAPOLI 139 VIA NAPOLI WYNDEMERE C.C. WYNDEMERE C.C.			DO NOT WRITE IN TH	II COACE		
N NAPLES FL 33999-7112 N NAPLES FL 33999-7112					15 SPACE	
US US				3. Date Incorporated or Qualifed		1
		2- Mailian Address		01/21/1992 4. FEI Number	LAnn	olied For
,	Place of Business	2a. Mailing Address	1 01		<u> </u>	Applicable
21 5 6 6 Suite, Apt.	ter Oct 1º/ace	Suite, Apt. #, etc.	ex //ace	2 65-0318188	\$8.75 A	
22 Suite, Apr.	#, etc.	27		5. Certifcate of Status Desired	Fee Rec	quired
City & Stat		City & State	4	6. Election Campaign Financing	\$5.00	
23 /2/1	n Cow F F/	28 Palm Cows	TF	Trust Fund Contribution	Added to	Fees
		Zip	Country	8. This corporation owes the current year		□No.
24 321.		29 32/37 30	I	Personal Property Tax. 10. Name and Address of New Registere		
	9. Name and Address of Current	Registered Agent	81 Name	IV. Name and Address of New Registers	a Agent	-
sco	OTT, BLAINE W., III					
139 VIA NAPOLI				dress (P.O. Box Number is Not Acceptable)		
	APLES FL 33999-7112		83	later Oak Mace		
14.44	AI EEO I E 003037 I I E		63			
			84 City	'm Coast F	85 Zip C	
						registered
office or r	registered agents or both in the State of	f Florida. Such change was autho	orized by the comporat	poration submits this statement for the purpose tion's board of directors. I hereby accept the app	ointment as reg	istered
agent. I a	m familiar with and accept the obligation	ons of, Section 607.0505, Florida	Statutes.			
SIGNATURE	/ Xun My tot	-				
	Signature, typed of printed name of registered agent		gistered Agent signature requir	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	
12.	OFFICERS AND	DELETE	13.	ADDITIONS/BITANGES TO CIT ICENS	Change	Addition
TITLE	PT III D W	□ beceite		•		
NAME	SCOTT, III B W.	0.0	1.2 NAME	y Water Oct Place		
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CITY-ST-ZIP	NAPLES FL	□ DELETE	1.4 CITY-ST-ZIP	Palm Coast, F/ 32	ST Change	Addition
IIILE	VS	□ pere⊥e	i		Z Change	
NAME.	SCOTT, MARY L	^^	2.2 NAME	water Oat Place		
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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 of 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 for on an attachment with an address, with all other like empowered.

SIGNATURE: