Applied For

Fee Required

\$5.00 May Be

Not Applicable \$8.75 Additional

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

DOCUMENT # V11685

1. Corporation Name

City & State

Principal Place of Business	Mailing Address			
6225 118TH AVE N. LARGO FL 33773 US	6225 118TH AVE N LARGO FL 33773 US			
2. Principal Place of Business	2a. Mailing Address			

City & State

FILED

Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90017 042 ***158.75

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualifed

5. Certifcate of Status Desired

6, Election Campaign Financing

02/03/1992 4. FEI Number

59-3106582

23 Lan	ao. H	28 Largo, t			Trust Fund Contributi	on . L	Added to	Fees	
Zip	Country	Zip	Country		8. This corporation owe	s the current year int			
24 337	77 25 /18 Pt	29 <u> </u>	30	15/	Personal Property Ta	x	[] Yes	□No	
	9. Name and Address of Current	Registered Agent	81		10. Name and Address	of New Registered	Agent		
DIOE VINAM				Name		•			
RICE, KIM M				82 Street Address (P.O. Box Number is Not Acceptable)					
6225 118TH AVE NORTH									
LARGO FL 33773			83						
			84	City			85 Zip C	ode	
						F <u>L</u>	. `		
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was au	ithorized by	the corporatio	oration submits this stateme on's board of directors. I her	nt for the purpose of eby accept the appoi	changing its r ntment as reg	egistered istered	
SIGNATURE						<u> </u>			
	Signature, typed or printed name of registered agent			t signature required		DATE	ID DIDEOTO:	20 IN 40	
12.	OFFICERS AND		13.	7.4	ADDITIONS/CHANGE	S TO OFFICERS AN	ID DIRECTOR	Addition	
TITLE	DICE KINA NA	DELETE	1.1 TITLE			~ 1			
NAME	RICE, KIM M		1.2 NAME	. نسر ا	son H. loups	usy Pd,	Suitel	05	
STREET ADDRESS	6215 118TH AVE. N. LARGO FL 34643		1.3 STREET	/	00 Fd-0	227	707		
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TITLE		Ŭ DELETE	2.1 TITLE	VF	prector			<i>(</i> -)	
NAME			2.2 NAME	1/1	lark Cland	Dairy Ro	l sute	105	
STREET ADDRESS			2.3 STREET	17	884 Klin	227	<i>(</i>		
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NAME			3.2 NAME	Įŗι	ichael Tout	Daing Rd.	Sufe !	105	
STREET ADDRESS				1 1	881 Buller ,	22677			
CITY-ST-ZIP		C OF FTF	3.4. CITY-S	T-ZIP	argo, Il	33///	☐ Change	Addition	
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NAME				T ADDRESS					
STREET ADDRESS									
CITY-ST-ZIP		DELETE	5.4 CITY-S 6.1 TITLE	1-411			Change	Addition	
TITLE		☐ DETEIE	6.2 NAME					_,	
NAME				T ADDRESS					
STREET ADDRESS									
CITY-ST-ZIP	certify that the information supplied with	this filing does not qualify for	6.4 CITY-S		Section 119 07/3\/i\ Florido	Statutae I further cei	rtify that the in	formation	
14. I nereby of indicated	certify that the information supplied with on this annual report or supplemental a	annual report is true and accu	rate and tha	t my signature	shall have the same legal of	effect as if made und	er oath; that I	am an	

4. 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 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 given the corporation or the corporation 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

SIGNATURE: PRINCE CANCEL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR TYP