## . 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 # V13909					01-22-1999 90062 010 ***150.00		
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	5 BAY ISLES		595 BAY ISLES ROAD				
SUITE 120 SUITE 120 LONGBOAT KEY FL 34228 LONGBOAT KEY FL 34228					DO NOT WRITE IN	THIS SPACE	
-			CONGDOM NET TO GAZZO		3. Date Incorporated or Qualifed		
					02/13/1992		
$\vdash$	Principal P	Place of Business	2a. Mailing Address		4. FEI Number	<u> </u>	lied For
21	Suite, Apt.	# etc	Suite, Apt. #, etc.		65-0316324	\$8.75 A	Applicable
22		π, σιο.	27		5. Certificate of Status Desired	Fee Re	
Г	City & Stat	te	City & State		6. Election Campaign Financing	\$5.00	May Be
23			28		Trust Fund Contribution	Added to	
	Zip	Country	Zip	Country	8. This corporation owes the current ye		F7.v-
24		9. Name and Address of Curren		30	Personal Property Tax.  10. Name and Address of New Regist		□No
		3. 13. 13. 13. 13. 13. 13. 13. 13. 13. 1	t registered Agent	81 Name	10. Name and Address of New Regist	orea Agent	
	EBIN	I, JOHN P	WAYE o	82 Street Add	ress (P.O. Box Number is Not Acceptable)		
MEDS95 BAY ISLES ROAD THE COPPORATION				OZ Silver Add	riess (F.O. box Number is Not Acceptable)		<u> </u>
SUITE 120 LONGBOAT KEY FL 34228				83			
	LON	ODUAT NET FL 34220	m	84 City	2. F. W. S. C.	85 Zip C	ode
44	Durayant	to the provisions of Sections 507 050	2 and 607 1509 Florida Statuto	a the above semed corr	nearties authority this atotament for the author	FL 83 Zip 0	
					poration submits this statement for the purpo ion's board of directors. I hereby accept the	appointment as reg	istered
l	-	m familiar with, and accept the obligat	lions of, Section 607.0505, Float	ga Statutes.			
31	GNATURE	<del></del>					
		Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE: F	Registered Agent signature require	ed when reinstating) . 14 x D	TE	
12		OFFICERS AN	ID DIRECTORS	13.	ad when reinstating) ', ', ', ', ', ', DA' ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTOR	
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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 resource 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, or an available the same legal effect as if made under oath; that I am an officer or director of the corporation or the resource of the corporation or the resource of the corporation of the resource of the resourc

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Jan 22, 1999 8:00am

**Secretary of State** 

√ 941-383-2940