Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90141 040 ***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

DOCUMENT # V14121

1. Corporation Name

ince o	OMIMENUI	AL INVESTMEN	13, INC	•						
Principal Plac	e of Business			ailing Address				—		1811 (1814 11814 1 18 1
								·		
4625 NORTH A-1-A										
								DO NOT WRITE IN TH	IS SPACE	
								3. Date Incorporated or Qualifed		
								02/14/1992		
2. Principal Place of Business				2a. Mailing Address				4. FEI Number		Applied For
21				26				65-0314118		Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certifcate of Status Desired		5 Additional
22 City 8 City				27						Required
City & State				City & State				6. Election Campaign Financing		00 May Be
Zip Country			28	Zip Country				Trust Fund Contribution		ed to Fees
	١	Country	<u> </u>	Zip		ııry		8. This corporation owes the current year I		
24		25 and Address of Cur	29	torod Agent	30			Personal Property Tax.	☐ Yes	□No
·	J. Name	and Address of Cor	ient Kegs	tered Agent		81	Name	10. Name and Address of New Registere	3 Agent	
HEN	iderson, s	STEVE L.				•	Hame			
817 BEACHLAND BLVD.							Street Addre	ess (P.O. Box Number is Not Acceptable)		
VERO BEACH FL 32963					}	83		78.75		
		2 32333				63				
					Ī	84	City	F	85 Zi	ip Code
office or r	egistered age im familiar wit	ent, or both, in the Sta	ite of Florid igations of	la. Such change was a Section 607.0505, Fl	authorized orida Statu	by t tes.	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing ointment as	its registered registered
12.	Oignature, typed t	OFFICERS.			13.	-yeiit	r signature required	ADDITIONS/CHANGES TO OFFICERS A	NO DIREC	TOPS IN 12
TITLE	D	011100110		☐ DELETE	1.1 TITL	E		7.00 MONOR OF TO OF TOERO 7	Chang	
NAME	-	JAMES W.			1.2 NAM					,
STREET ADDRESS	4625 NOF						ADDRESS			
CITY-ST-ZIP	VERO BE				1.4 CIT					
TITLE	D			☐ DELETE	2.1 TITL		-211		☐ Chang	ge
NAME	SWIFT, RO	OBFRT B.			2.2 NAN					,
STREET ADDRESS	4625 NOF					-	ADDRESS			
CITY-ST-ZIP	VERO BE				2. 4 CIT			·		
TITLE				☐ DELETE	3.1 TITL) - Zii		☐ Chang	e Addition
NAME					3.2 NAA				<u> </u>	
STREET ADDRESS							ADDRESS			
CITY-ST-ZIP					3.4. CIT					
TITLE				☐ DELETE	4,1 TITL		1-21	1.00	☐ Change	ge Addition
NAME					4. 2 NA					
STREET AODRESS					1		ADDRESS			
CITY-ST-ZIP					4.4 CITY					
TITLE				☐ DELETE	5.1 TITL		- 416		☐ Change	e
NAME				<u> </u>	5.2 NAM					
STREET ADDRESS							ADDRESS			
CITY-ST-ZIP					5.4 CITY					ļ
TITLE				☐ DELETE	6.1 TITL			· - · · · · · · · · · · · · · · · · · ·	☐ Change	e Addition

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

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

CITY-ST-ZIP

STREET ADDRESS

Feb # 8, 1999

561-231-7729

☐ Addition

☐ Change

CR2E034 (11/98)