## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## Katherine Harris

DOCUMENT # **V17586** 

1. Corporation Name

## Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90084 026 \*\*\*150.00

Principal P acc		Mailing Address	····						
13970 MONTEGO DR P.O. BOX 781 SEMINOLE FL 33776 I.R.B. FL 33785									
US US						DO NOT WR	TE IN THE	S SPACE	
						corporated or Qualifed			
					02/28				
	lace of Business	2a. Mailing Address			4. FEI Nu	09651		1	plied For Applicable
21	4 -1-	26 Suite Apt # etc	Suite, Apt. #, etc.			03031		\$8.75 A	
Suite, Apt.	#, etc.	27			5. Certifca	ite of Status Desired		Fee Re	
22					6 Electic	n Campaign Financing		\$5.00	May Be
23	,	28				und Contribution		Added t	
Zip	Country	Zip			8. This co	rporation owes the cur	rent year Ir	ntangible	1
24	25	29 3	0			al Property Tax.		☐ Yes	ZNo
	9. Name and Address of	Current Registered Agent			10. Name	and Address of New	Register	l Agent	
CEAT	TON, MICHAEL A.		81	Name					
	O MONTEGO DR.		82	Street A	ldress (P.O. Box	Number is Not Accept	able)		
		83							
OLM	INOLE FL 33776		83						
			84	City			FI	L 85 Zip C	Code
11 Pursuant	to the provisions of Sections f	607.0502 and 607.1508, Florida Statutes	. the abov	e-named co	prporation submit	s this statement for the	purpose	of changing its	egistered
office or r	edictored agent or hoth in the	e State of Florida. Such change was autle e obligations of, Section 607.0505, Florid	norized by	the corpor	ation's board of	lirectors. I hereby acce	pt the app	ointment as reg	gistered
SIGNATURE									
	Signature, typed or printed nome of regis		egistered Age	nt signature req	ired when reinstating)	ONS/CHANGES TO OF	DATE FICERS A	ND DIRECTO	DRS IN 12
12.	PSTD	ERS AND DIRECTORS  DELETE	1.1 TITLE	$$ $\top$	ADDITIO	NAS/CITANOLO 10 OI	TIOCHO,	☐ Change	Addition
NAME	SSEATON, MICHAEL A.	_							
STREET ADDRESS	40070 MONTECO DD			TADDRESS					
	SEMINOLE FL		1.4 CITY-S						
CITY-ST-ZIP TITLE	DS	☐ DELETE	2.1 TITLE					☐ Change	Addition
NAME	SEATON, MICHAEL A.		2.2 NAME						}
STREET ADDRESS	400TO MONTECO DD		2.3 STREE	TADDRESS					
CITY-ST-ZIP	SEMINOLE FL		2.4 CMY-	ST-ZIP					
TITLE		☐ DELÉTE	3.1 TITLE					Change	☐ Addition
NAME			32 NAME						
STREET ADDRESS			3.3 STREE	T ADDRESS					
CITY-ST-ZIP			3.4. CITY-	ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE	}				Change	☐ Addition
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE	T ADDRESS					
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE					Change	☐ Addition
NAME			5.2 NAME						ļ
STREET ADDRESS				TADDRESS					
CITY-ST-ZIP			5.4 CITY- S	ST-ZIP				Change	Addition
TITLE		☐ OELETE	6.1 TITLE					Change	Addition
NAME			6.2 NAME	T ADDRESS					

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I heret y certify that the information supplied with this filling 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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE,