FILED May 06, 1999 8:00 am Secretary of State



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

	1999		DIVISION OF C	ORPOR/	ATIONS		05-06-1	999 90107 05	50 ***158.7	75
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LAKE SUZY FL 34266 US US							DO N	OT WRITE IN TH	IS SPACE	
		-					3. Date Incorporated or 0			
3 5 15							03/11/1992			
	lace of Business	<del> </del>	Mailing Address				4. FEI Number			pplied For
Suite, Apt. #, etc.			Suite, Apt. #, etc.				65-0335236			ot Applicable Additional
22			27				5. Certifcate of Status De	sired 🖔		Additional equired
City & State			City & State				6. Election Campaign Fin	ancing _		May Be
23		28					Trust Fund Contributio	n_	Added	to Fees
Zip				Count	try		8. This corporation owes			₩No
24	25 9. Name and Address of 0	29 Current Registe		30			Personal Property Tax 10. Name and Address of		☐ Yes	<b>№</b> No
		Ju., 2	nou rigoni	8	31 Name		10. Hume and receives a	I Non Ivegiote.	u ngein	
WALDRON JR, EUGENE E.				-	12 Street	reet Address (P.O. Box Number is Not Acceptable)				
124 N BREVARD AVE						LAGGICS	S (P.O. DOX NUMBER IS NOT	Acceptable)		
Ahu	ADIA FL 33821			8	13					
				8	4 City			···	. 85 Zip.	Code
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44 Durouget	to the amendations of Continue Co	37 0500 and 60	7 4500 Florida Ciciono	L			C - 1 2 1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	•		
11. Pursuant office or reagent. Fa	to the provisions of Sections 60 egistered agent, or both, in the m familiar with, and accept the	97.0502 and 60 State of Florida obligations of, S	7.1508, Florida Statute: . Such change was aut Section 607.0505, Florid	s, the abc thorized b da Statute	ove-named by the corp as.	d corpora poration's	tion submits this statements board of directors. I hereb	for the purpose oy accept the app	of changing its ointment as re	registered egistered
11. Pursuant office or reagent. Fall									of changing its ointment as re	registered egistered
	Signature, typed or printed name of registe		applicable (NOTE: F				ation submits this statements board of directors. I hereby the reinstating)  ADDITIONS/CHANGES	DATE		
SIGNATURE	Signature, typed or printed name of registe OFFICER	ared agent and title if a	applicable (NOTE: F	Registered Ag	gent signature		en reinstating)	DATE		DRS IN 12
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registe OFFICER DPVP BISHOP, BRAD	ared agent and title if a	applicable (NOTE: F	Registered Ag	gent signature		en reinstating)	DATE	AND DIRECTO	DRS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registe OFFICER DPVP BISHOP, BRAD 12607 S.W. KINGSWAY C	ared agent and title if a	applicable (NOTE: F	13. 1.1 TITLE 1.2 NAME 1.3 STREE	gent signature	required wh	en reinstating)	DATE	AND DIRECTO	DRS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registe OFFICER DPVP BISHOP, BRAD 12607 S.W. KINGSWAY C LAKE SUZY FL 34266	ared agent and title if a	applicable (NOTE: F CTORS	Registered Ag 13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY	gent signature  E ET ADDRESS -ST-ZIP	required wh	en reinstating)	DATE	AND DIRECTO	DRS IN 12
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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 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.

64 CITY-ST-ZIP

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/98 941 639 8500