Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90052 045 ***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**

Principal Place of 122 KAROLA DRIVE SEBRING FL 33870 2. Principal Place 21 City & State 23 Zip 24 FOSTER 234 SW. SEBRING	ACRES ALLIGATOR FARM, Business			-				i di dal di dia a Stati di li	4181	
Principal Place of 122 KAROLA DRIVE SEBRING FL 33870 2. Principal Place 21 Suite, Apt. #, et 22 City & State 23 Zip 24 9 FOSTER 234 SW, SEBRING	Business									
22 KAROLA DRIVE SEBRING FL 33870 2. Principal Place 21 City & State 23 Zip 24 FOSTER 234 SW. SEBRING	Ē ,	Mailing Ad								#
22 KAROLA DRIVE SEBRING FL 33870 2. Principal Place 21 City & State 23 Zip 24 FOSTER 234 SW. SEBRING	Ē ,	Mailing Ad								
22 KAROLA DRIVE SEBRING FL 33870 2. Principal Place 21 City & State 23 Zip 24 FOSTER 234 SW. SEBRING	Ē ,		Principal Place of Business Mailing Address							i 01011 1001
2. Principal Place 21 City & State 23 Zip 24 FOSTER 234 SW. SEBRING										
21	and the second s						DO NOT WRITE IN THIS SPACE			
21							3. Date Incorporated or Qualifed	I INIO SPACE		
21							03/09/1992			
21	of Business	2a. Mailing Address					4. FEI Number Applied For			ed For
City & State City & State Zip 24 FOSTER 234 SW. SEBRING		26	,				59-3109854	П	Not A	pplicable
City & State 23 Zip 24 9 FOSTER 234 SW. SEBRING	etc.		Apt. #, etc.		_	-	5. Certificate of Status Desired	-		ditional
City & State 23 Zip 24 9 FOSTER 234 SW. SEBRING	·	27					5. Certificate of Otation Desired		Requ	
Zip 9 FOSTER 234 SW SEBRING		City &	State				6. Election Campaign Financing	\$5.0		
FOSTER 234 SW/ SEBRING		28					Trust Fund Contribution		ed to F	-ees
FOSTER 234 SW SEBRING	Country Zip			Country 30			8. This corporation owes the current year Intangible Personal Property Tax.			
FOSTER 234 SW/ SEBRING	9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
234 SW SEBRING	. Name and Address of Current	registered A	yent	8	11	Name				
234 SW SEBRING	FOSTER, JEAN					(BOD No book Not Associately)				
	234 SWALLOW AVENUE				12	Street Addre	ss (P.O. Box Number is Not Acceptable)			
	SEBRING FL 33872					• • • • • • • • • • • • • • • • • • • •				
						Cit.		85 Z	ip Co	de
					34	City		FL _		
11. Pursuant to th	he provisions of Sections 607.0502	and 607.1508	, Florida Statutes	, the abo	ve-	named corpo	oration submits this statement for the purp n's board of directors. I hereby accept the	ose of changing	its re	gistered
office or regist agent, I am fa	stered agent, or both, in the State of amiliar with, and accept the obligation	ns of, Section	i change was auti i 607.0505, Florid	nonzed d la Statute	oy u es.	ne corporador	ns board of directors. Thereby accept the	арроплинен ис	riogio	10.00
SIGNATURE										\
Sign	nature, typed or printed name of registered agent a		<u> </u>	egistered Aç	gent :	signature required	when reinstating) ADDITIONS/CHANGES TO OFFICE	RS AND DIREC	TOR	S IN 12
12.	OFFICERS AND	DIRECTORS	DELETE	1.1 TITLE			ADDITIONS/CITATGES TO OFFICE	∏ Chan		Addition
TITLE D			_ DELETE	1.2 NAM					•	_
i I	EIGER, KEN			.		ADDRESS				ĺ
1 10	22 Karola Drive Ebring Fl			1.4 CITY		ľ				
TITLE D			☐ DELETE	2.1 TITLE		215	-	Chan	ge	Addition
-	SEIGER, LORRAINE			2.2 NAM						
1 .	22 KAROLA DRIVE			E		ADDRESS		~ ~		İ
	SEBRING FL			2.4 CITY-ST-ZIP			·			
TITLE			☐ DELETE	3.1 TITLE	E			Chan	ge	Addition
NAME				3.2 NAM	E					
STREET ADDRESS				3.3 STRE	EET A	ADDRESS				
CITY-ST-ZIP				3.4. CITY	1-ST	-ZIP				
TITLE		<u> </u>	☐ DELETE	4.1 TITLE	E			Chan	ge	☐ Addition
NAME	,			4. 2 NAM	Æ					
STREET ADDRESS	A					ADDRESS				
CITY-ST-ZIP	,		Decision	4.4 CITY		ZIP		F10500	nna -	- Addition
TITLE .			☐ DELETE					Cuan	ye	☐ Acquition
NAME				5.2 NAM	I	Ī	•			1
STREET ADDRESS				E 2 0704	eer,	ADDRESS				
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			☐ DELETE	3.4. CITY 4.1 TITLE 4. 2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE	Y-ST- E ME EET A '-ST- E	-ZIP ADDRESS		Chan		Addition Addition

CITY-ST-ZIP 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 a attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE

Addition

Change