PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90011 038 ***150.00

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Principal Place	e of Business	Mailing Address					PIES PIEM EN	Tri Billi mian n	10() 615() (00)
7879 GRAND PINE 7879 GRAND PINE BOKEELIA FL 33922 BOKEELIA FL 339.								CDA CE	
						DO NOT WRITE	IN IMIS	SPACE	
						3. Date Incorporated or Qualifed			
		O- Mailine Address				03/17/1992 4. FEI Number		ΙΔn	plied For
2. Principal P	lace of Business	2a. Mailing Address				65-0318722			t Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				_	\$8.75	
Suite, Apt.	#, etc.	<u>├</u> ── ` ` ` `	,			5. Certifcate of Status Desired		Fee Re	
City & State			City & State			6. Election Campaign Financing		\$5.00	May Be
		28	— — · · · · · · · · · · · · · · · · · ·			Trust Fund Contribution		Added t	
Zip Country			Zip Country			8. This corporation owes the currer	nt vear Inta	ingible	
24	25	29	30	•		Personal Property Tax.	•	Yes	□No
	9. Name and Address of Cu					10. Name and Address of New Re	gistered /	Agent	
OM/II				81	Name				
SMITH, GENE A. 7879 GRAND PINE				82	Street Addre	ss (P.O. Box Number is Not Acceptab	le)		
вок	EELIA FL 32922			83					
	•			84	City		FI	85 Zip (Code
agent. I a	im familiar with, and accept the ob-	digations of, Section 607.050	o, Fiorida Stati	ules.	t signature required	ration submits this statement for the p i's board of directors. I hereby accept when reinstating)	DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTO	RS IN 12
TITLE	DPST	☐ DELE	TE 1.1 TI	TLE	ľ			☐ Change	☐ Addition
NAME	SMITH, GENE A.				ļ				
STREET ADDRESS	TOTO OBAND DINE		1.2 N	AME	1				
O II LE I I DO IL GO					ADDRESS	•			
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CITY-ST-ZIP	BOKEELIA FL	☐ DELE	1.3 S7 1.4 CI	TREET				☐ Change	Addition
TITLE	IN CONTRACTOR CONTRAC	☐ DELE	1.3 S7 1.4 CI	TREET TY-ST			•	☐ Change	Addition
TITLE NAME	BOKEELIA FL	☐ DELE	1.3 ST 1.4 CI ΤΕ 2.1 Π 2.2 N	TREET TY-ST TLE AME				☐ Change	Addition (
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TITLE NAME STREET ADDRESS -CITY-ST-ZIP	BOKEELIA FL		1.3 ST 1.4 CI TE 2.1 TT 2.2 NV 2.3 ST	TREET TLE AME TREET CITY-S TLE AME	T-ZIP ADDRESS T-ZIP ADDRESS			☐ Change	Addition .
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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 of an attachment with an address, with all other like empowered.

SIGNATURE: