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

FILED Feb 18, 1999 8:00am **Secretary of State**

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Principal I	Place of Business	B 4 - 10 A 4 4	· ·		
2049 WEST STATE ROAD 44		=			
DELAND FL 32720 DELAND FL 32720 DELAND FL 32720 DELAND FL 32720			ND 44		
		DECAND FL 32/20			
				DO NOT WRITE IN THIS SPACE	
<u> </u>				Date Incorporated or Qualifed	
	al Place of Business	2a. Mailing Address		04/08/1992	
21 Suite A)_1 # ·	26		4. FEI Number Appli	ed For
	Apt. #, etc.	Suite, Apt. #, etc.		59-3117270 Not A	pplicable
22 City & S	Itata	27		5. Certificate of Status Desired \$8.75 Add	
23	orare	City & State		————— Fee Regu	ired
Zip		28		6. Election Campaign Financing \$5.00 Ma	ıv Be
24	Country	Zip	Country	Added to E	ees
	9. Name and Address 4.0	29	30	8. This corporation owes the current year Intangible Personal Property Tax.	
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered Agent	NO
MI	KELL, JAMES M.		81 Name	Address of New Registered Agent	
20	49 WEST STATE ROAD 44		82 Street Add		
DELAND FL 32720			5treet Add	dress (P.O. Box Number is Not Acceptable)	
			83		
				<u></u>	
11. Pursuar	at to the period		84 City	- 85 Zin Code	•
office or	registered agent, or both, in the State of	and 607.1508, Florida Statur	tes, the above-named con	poration submits this statement for the purpose of changing its region's board of directors. I hereby accept the appointment as registe	,
agent. I	am familiar with, and accept the obligati	ons of, Section 607,0505, Fig.	uthorized by the corporati	on's board of directors. I hereby accept the appointment of	stered
SIGNATURE			anda Statutes.	about the appointment as registe	red
12.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered Agent signature require	<u> </u>	I
TITLE	OFFICERS AND			d When reinstalia-1	- }
NAME	1 -	BIRCOTORS	13.		
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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 efficient 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 endough of the same legal effect as if made under oath; that I am an execute this report as required by Chapter 607, Florida Statutes; and that my name appears in endough of the same legal effect as if made under oath; that I am an execute this report as required by Chapter 607, Florida Statutes; and that my name appears in execute this empowered.

SIGNATURE: