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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Apr 14, 1999 8:00 am Secretary of State Katherine Harris Secretary of State DIVISION OF CORPORATIONS 04-14-1999 90176 017 ***150.00

r. Corporation	UNLIMITED, INC.								
Principal Place	e of Business	Mailing Address			- I 4681; Brinnan istan arista Afric sand	(1 MA(1 MIÆ11 MIÆ11 EIE11	418 14 418 11	Atali iani	
23285 ORANGE AVE FT PIERCE FL 34945 US 23285 ORANGE AVE FT PIERCE FL 34945 US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/11/1992				
Principal Place of Business					4. FEI Number		Applie	ed For	
— ·	ace or pusiness	26	\neg			<u> </u>	+	pplicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			65-0335931	_ \$8.	75 Add		
22		27			5. Certificate of Status Desired Fee Required				
City & State		City & State		Election Campaign Financing Trust Fund Contribution					
Zip	Country	Zip	Country	/	8. This corporation owes the curre		u		
24	25	29 30	<u> </u>		Personal Property Tax.	☐Yes	TR.	No	
	9. Name and Address of Curren	t Registered Agent		1	10. Name and Address of New Ro	egistered Agent			
MAD	DISON KAREN B		81	Name					
HARRISON, KAREN B 23285 ORANGE AVE			82	Street Addre	ess (P.O. Box Number is Not Acceptal	ble)		-	
			83	ļ					
FT PIERCE FL 34945			03	'.					
			84	City		FL 85	Zip Coc	le	
office or re agent. I as SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was authoritions of, Section 607.0505, Florida	onzed by Statutes	the corporation	oration submits this statement for the parties board of directors. I hereby accept	t the appointment	as regist	ered	
12.	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: Reg	13.	nt signature required	ADDITIONS/CHANGES TO OFF		CTORS	IN 12	
TITLE	PSD	☐ DELETE	1.1 TITLE			Ch:		Addition	
NAME	HARRISON, KAREN B								
STREET ADDRESS			1.3 STREE	TADDRESS					. !
CITY-ST-ZIP	FT. PIERCE FL			ST-ZIP					
TITLE	VTD	☐ DELETE	2.1 TITLE			☐ Cha	ange	☐ Addition	1
NAME	HARRISON, PETER W		2.2 NAME						
STREET ADDRESS			2.3 STREE	T ADDRESS					
CITY-ST-ZIP	T. PIERCE FL		2. 4 CITY-	ST-ZIP		<u> </u>			
TITLE		☐ DELETE	3.1 TTLE			☐ Ch	ange	Addition	
NAME	, 32N		3.2 NAME						
STREET ADDRESS	3.3 \$		3.3 STREE	TADORESS					
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				C Addition	
TITLE		☐ DELETE	4.1 TITLE			□ Ch	arge	☐ Addition	
NAME			4. 2 NAME						
STREET ADDRESS				TADDRESS					
CITY-ST-ZIP			4.4 CITY-8	T-ZIP		□ Ch:	ande	☐ Addition	
TITLE		☐ DELETÉ	5.1 TITLE 5.2 NAME	-			nige	AQVIGOR	
NAME				T ADDRESS				J	*
STREET ADORESS			5.4 CITY-5					}	
CITY-ST-ZIP		□ DELETE	6.1 TITLE	2. 41		□ Ch:	ange	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 angual 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 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 in changes of on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS