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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V39366

FILED Apr 20, 1999 8:00 am Secretary of State 04-20-1999 90152 015 ***150.00

| Corporation | n Name | | | | | | ŀ | | | | | | |
|---|--|-------------------|--------------------------------|---|--|---|----------------------------|--|---|--------------|-------------------|---|------------------|
| CALIFLO | r express, inc. | | | | | | | <u></u> | | | | | |
| J J. J. | | | | | | | | | III i ii i iii s iii s iii s i | <u> </u> | | 1111 111 | |
| | | | | | | | | | | | | | |
| Principal Place | e of Business | Mailin | ng Address | | | | | 1 18911 8(1898 11118 18186 11118 1 | | | #11 #18 18 | # # # # # # # # # # # | |
| 4301 BELL LANI | E | 4301 E | BELL LANE | | | | | | | | | | |
| PACE FL 32571 PACE FL 32571 | | | | | | | DO NOT WRITE IN THIS SPACE | | | | | | |
| U\$ U\$ | | | | | | - | | | | | | | |
| | | | | | | | | Date Incorporated or Qualifed 05/28/1992 | • | | | | |
| 2 Principal Di | lace of Business | 2a. M | lailing Address | | • | | | 4. FEI Number | | | Applie | ed For | |
| 2. Principal Place of Business 2a. Mailing A | | | ining radioos | | | | 59-3127137 | | | | pplicable | | |
| Suite, Apt. | #. etc. | | uite, Apt. #, etc. | | | | | | | \$8.7 | 5 Add | ditional | |
| 22 | , | 27 | | | | | | 5. Certifcate of Status Desired | | Fee | Requ | ired | |
| City & State | е | | ity & State | | | | | 6. Election Campaign Financing | | \$5.0 | 00 ма | ay Be | |
| 23 | | 28 | | | | | | Trust Fund Contribution | | Add | ed to F | Fees | |
| Žip | Country | Zi | p | _ | Country | | | 8. This corporation owes the cu | rrent year Inta | | cts | n. | |
| 24 | 25] | 29 | | 30 | | | | Personal Property Tax. | Danistana i | Yes | <u> </u> | No | |
| | 9. Name and Address of Current | t Register | ed Agent | | 81 | Name | | 10. Name and Address of New | Kegistered / | Agent | | | |
| YARE | Brough, Bess R | | | | " | | | | | | | | |
| | BELL LANE | | | | 82 | Street A | ddres | s (P.O. Box Number is Not Accep | table) | | | | |
| | E FL 32571 | | | | 83 | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | 84 | City | | | FL | 85 2 | Zip Cod | de | |
| 11. Pursuant | to the provisions of Sections 607.0502 | 2 and 607. | 1508. Florida Statu | tes. th | e above | -named co | огрога | ation submits this statement for th | e purpose of | changing | its re | gistered | |
| office or re | to the provisions of Sections 607.0502 egistered agent, or both, in the State om familiar with, and accept the obligati | of Florida. | Such change was | authori | ized by | the corpor | ration' | 's board of directors. I hereby acco | ept the appoir | ntment as | s regis | tered | |
| occept Jan | m familiar with and accept the chlicati | ions of Se | ection 607 0505 El | orida S | Statutes | uno ocipon | | | | | | 1 | |
| Y | m familiar with, and accept the obligati | ions of, Se | ection 607.0505, FI | orida S | Statutes | | | | | | | | |
| agent. I ai SIGNATURE | m familiar with, and accept the obligati | | | | | | | when reinstating) | DATE | | | · \ | í |
| Y | Signature, typed or printed name of registered agent OFFICERS AND | t and title if ap | opticable. (NOT | E: Regisl | | | | | DATE | D DIREC | CTORS | S IN 12 | |
| SIGNATURE | Signature, typed or printed name of registered agent OFFICERS AND | t and title if ap | opticable. (NOT | E: Regisi | tered Agen | | | when reinstating) | DATE | | CTORS | · \ | (0,11) |
| SIGNATURE | Signature, typed or printed name of registered agent OFFICERS AND D YARBROUGH, BESS R | t and title if ap | opticable. (NOT | E: Regisl | tered Agen 13. 1.1 TITLE 1.2 NAME | nt signature req | | when reinstating) | DATE | D DIREC | CTORS | S IN 12 | |
| SIGNATURE 12. | Signature, typed or printed name of registered agent OFFICERS AND D YARBROUGH, BESS R 4301 BELL LANE | t and title if ap | opticable. (NOT | E: Regisl | 13. 1.1 TITLE 1.2 NAME 1.3 STREET | T ADDRESS | | when reinstating) | DATE | D DIREC | CTORS | S IN 12 | |
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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 an attachment with an address, with all other like empowered.

SIGNATURE

Bess R. Charles A.R. EBes SIII

<u>4-15-1999</u>

850-994-7335 Daylime Phone #