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

621 E CEDVANTES STD
OZI E OLIVANILI SIN
PENSACOLA FL 32501
621 E CERVANTES STR PENSACOLA FL 32501

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90152 044 ***150.00

1. Corporatio	MEN # V45404	i					,
•	D OF NORTHWEST FLORID	A INC					,
IAICUIAIM	U OF NONTHWEST FLORIL	A, ING.			1 20011 011014 01001 0111 24011 02141 0121 012	81811 81814 81811	8(8() 8181(188)
Principal Place of Business Mailing Address					1 (001) 011811 01001 01111 01011 00111 0101 01011	O(OIS DIDII O(OIS I	DIBIR BUBU KEBI
621 E CERVANTES STR P.O. BOX 12923							
PENSACOLA FL 32501 PENSACOLA FL 32576					BO MOT MOTE IN THE		
US					DO NOT WRITE IN THE	S SPACE	
					3. Date Incorporated or Qualifed		
2. Principal P	lace of Business	2a. Mailing Address			06/18/1992 4. FEI Number		
21	lace of business	26 Mailing Address				<u> </u>	oplied For ot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			59-3137038		Additional
22		27			5. Certifcate of Status Desired		equired
City & Stat	ė	City & State			6. Election Campaign Financing		May Be
23		28		-	Trust Fund Contribution		to Fees
Zip	Country	Zip	Country	,	8. This corporation owes the current year Ir	tangible	
24	25	29	30		Personal Property Tax.	√∑Yes	□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered	Âgent	
CHA	OF IAMES I		81	Name			
	SE, JAMES L		82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
101 E GOVERNMENT STREET PENSACOLA FL 32501							
FEIN	SACULA FL 32301		83	ļ			
			84	City		85 Zip	Code
				<u> </u>	FL	_ _ `	
11. Pursuant office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida Statutes of Florida. Such change was aut	s, the above thorized by	e-named corp the corporation	oration submits this statement for the purpose o	f changing its intment as re	registered gistered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Florid	da Statutes				3.5
SIGNATURE							
12.	Signature, typed or printed name of registered ager OFFICERS AN	t and title if applicable. (NOTE: F	Registered Age	nt signature require	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE			1.1 TITLE		1.55.110.10.011.110.20 10 01.110.21.07.	Change	Addition
NAME	25552001 (2010511)		1.2 NAME				
STREET ADDRESS	4646 CODONIDO OT			ADDRESS			ļ
CITY-ST-ZIP	OUR C PRESE CI		1.4 CITY-S				,
TITLE			2.1 TITLE	7-21		Change	Addition
NAME	22 N		2.2 NAME				-
STREET ADDRESS			2.3 STREET	T ADDRESS			ļ
CITY-ST-ZIP			2. 4 CITY-S	ST-ZIP			Ì
TITLE			3.1 TITLE			Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY-S	T-ZIP			(
TITLE	☐ DELETE 4.1 TI		4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CiTY-ST-ZIP			4.4 CITY-S	T- ZIP			
TITLE			5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME	1			
STREET ADDRESS			5.3 STREET				
CITY-ST-ZIP			5.4 CITY-ST	r-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME	1000000			
STREET ADDRESS			6.3 STREET	i			ľ
CITY-ST-ZIP		. 1	6.4 CITY-ST	- ZIP			

Interest certify that the information supplied with this thing 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 posterior feport 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 receipt of testee 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:

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #