## 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** Jun 10, 1999 8:00 am Secretary of State 06-10-1999 90054 007 \*\*\*150.00

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1. Corporation Name

**SIGNATURE** 

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2. Principal Place of Business	
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Ang 3 1992  2a Mailing Address	
Suite, Apt. #, etc.   So. Certificate of Status Desired   Fee Fee Fee Fee Fee Fee Fee Fee Fee F	
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Scriffcate of Status Desired   \$8.75	pplied For
Suite, Apt. #, etc.    Suite, Apt. #, etc.	ot Applicable
City & State   City & C	Additional
Zip   Country   Zip   Country   Zip   Country   S. This corporation was the current year intengable   Personal Property Tax   Yes   Yes   S. Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent   10. Name   10. N	equired
28	May Be
9. Name and Address of Current Registered Agent  LARRY Thomas  83 75 SE Federal Hwy  Teguesta FL 33/69  11. Pursuant to the provisions of Sections 607.0502 and 507.1508, Fionda Statutes, the above named corporation submits this statement for the purpose of changing in Signature, byear or gunda when registered agent, and accept the obligations of, Section 607.0505, Fionda Statutes, the above named corporation submits this statement for the purpose of changing in Signature, byear or gunda when registered agent, and accept the obligations of, Section 607.0505, Fionda Statutes, the above named corporation submits this statement for the purpose of changing in Signature, byear or gunda when registered agent and tise if applicable.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. CITY IT	to Fees
3. Name and Address of Current Registered Agent  LARRY Thomas  187	
LARRY Thomas    83	Mo
Record   R	<del></del>
Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Number is Not Acceptable)   Teg ues fa FL 33 / 69	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing it office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as a square and an applicable.  Signature, typed or printed nume or registered agent and late if applicable.  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECT IIIIE  LARRY Thomas  STREET ADDRESS  OTY-ST-ZIP  TITLE  AMME  12. NAME  13. STREET ADDRESS  OTY-ST-ZIP  TITLE  AMME  14. CITY-ST-ZIP  TITLE  DELETE  22. NAME  32. NAME  32. NAME  32. NAME  32. NAME  33. STREET ADDRESS  OTY-ST-ZIP  TITLE  DELETE  41. TITLE  AMME  34. CITY-ST-ZIP  TITLE  AMME  33. STREET ADDRESS  OTY-ST-ZIP  TITLE  AMME  34. CITY-ST-ZIP  TITLE  AMME  42. NAME  33. STREET ADDRESS  OTY-ST-ZIP  TITLE  DELETE  41. TITLE  AMME  42. NAME  43. STREET ADDRESS  OTY-ST-ZIP  TITLE  DELETE  41. TITLE  AMME  42. NAME  43. STREET ADDRESS  OTY-ST-ZIP  TITLE  DELETE  14. TITLE  Change  Change  Change  CHY-ST-ZIP  TITLE  DELETE  15. TITLE  Change  C	
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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 oats; that 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 applications of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name applications of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name applications of the corporation of the c	laman