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

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90049 021 ***150.00

GISI NE	T & ASSOCIATES, P.A.						
Principal Plac	e of Business	Mailing Address			- I TOREL WITHOUT WITH BUSING FROM THE FROM THE	#11 #1611 #1611 #1#11 11 1	1101) BIBII 1001
141 S. MAIN S		141 S. MAIN STREET					
211 211							
	ELLE GLADE FL 33430 BELLE GLADE FL 33430				DO NOT WRITE IN THIS SPACE		
US US					3. Date Incorporated or Qualifed		ļ
a Dissipal	Name of Discipant	2a. Mailing Address			08/12/1992 4. FEI Number		plied For
					59-1004604		ot Applicable
1					39 1004004	\$8.75	
22 27					5. Certificate of Status Desired	Fee Re	,
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
23					Trust Fund Contribution	Added t	- 1
Zip	Country	Zip	Country	,	8. This corporation owes the current year	r Intangible	
24	25	29 30			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of New Register		
CIB	ININGHAM, T.J.		81	Name ///	AMIE WASHINGTON	KEND	ALL
			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	OSS ROADS BUILDING		83	141	J. THAIN STREET		
SUITE 201 WEST PALM BEACH FL 33409				211	/		
. WES	FALM DEACH FL 33409		84		11. 11.00	85 Zip (3°430
•	, and a			132	//L GIADE paration submits this statement for the purpose		
SIGNATURE	Signature, typed or printed name of registered age	laskington PS	Kal	the corporatio	In sharing statement of the purpose of the arms board of directors. I hereby accept the arms board of directors		
12.	PST OFFICERS AN	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICER	Change	Addition
TITLE NAME	KEY, GWENDOLYN S.		1.2 NAME				_
	AAA A AAAN ATREET MAAA			T ADDRESS			
STREET ADDRESS	BELLE GLADE FL 33430		1.4 CITY-S				
CITY-ST-ZIP			2.1 TITLE	1.71L		☐ Change	Addition
NAME			2.2 NAME				
STREET ADDRESS	AAA O MANN OFFICE HOAA			T ADDRESS			
	BELLE GLADE FL 33430		2.4 CITY-S				
CITY-ST-ZIP TITLE	DELLE GEADE I E 30400	☐ DELETE	3.1 TITLE	7(-2)		Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP	· · · ·		3.4. CITY-5		•		
TITLE		☐ DELETE	4.1 TITLE	· •		☐ Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			4.4 CITY-S		•		ĺ
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE	1	☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME	.			
STDEET ANNOESS	1		6.3 STREE	TADDRESS			

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 supplementar 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 feetiver 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 chansed, or sin an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP