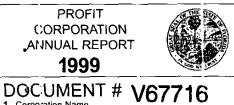
PROFIT CORPORATION JANNUAL REPORT

1999

1. Corporation Name



FLORIDA DE PARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION CF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90184 043 ***150.00

STEADF Principal Place 515 HAYES AV		Mailing Address 515 HAYES AVE				
SUITE 22 SUITE 22					DO NOT WRITE IN	THIS SDACE
COCOA BEACH FL 32931 COCOA BEACH FL 32901					3. Date Incorporated or Qualifed	INIS SPACE
					10/01/1992	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Ar plied For
21 26		26			59-3216709	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
27						Fee Required
	City & State City & State				6. Election Campaign Financing	\$5.00 May Be Added to Fees
Zip	Country		Country		8. This corporation owes the current year	
	25	<u> </u>	30		Personal Property Tax.	∏Yes ☐No
24	9. Name and Address of Curre				10. Name and Address of New Registe	
			81	Name		
Hubert, Jerome A.			82	Etropt As	ddress (P.O. Box Number is Not Acceptable)	
515 HAYES AVENUE			02	Sueeras	adless (F.O. Box Number is Not Acceptable)	
	TE 22		83			
COC	COA BEACH FL 32931		94	City		85 Zip Code
			84	City	İ	F'L 85 Zip Code
agent. I a	registered agent, or both, in the Statum familiar with, and accept the oblig	gations of, Section 607.0505, Fior	ida Statutes		ation's board of directors. I hereby accept the a	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	HUBERT, JEROME A		12 NAME			
STREET ADDRESS	515 HAYES AVE SUITE 22		1.3 STREET	ADDRESS		
CITY-ST-ZIP	COCOA BEACH FL		1.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE			Change Addition
NAME	HUBERT, BRIAN		2.2 NAME 2.3 STREET ADDRESS			
STREET ADDRESS						
CITY-ST-ZIP			2. 4 CITY-S	T-ZIP	. <u></u>	
TITLE	D	☐ DELETE	3 1 TITLE 3 2 NAME			☐ Change ☐ Addition
NAME	HUBERT, ELIZABETH					
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP	COCOA BEACH FL	C pourze	34 CITY-ST-ZIP			Change Addition
TITLE		☐ DELETE	4.1 TITLE	Î		□ Cusinge □ Addition
NAME			4 2 NAME			
STREET ADDRESS	1		4.3 STREET			
CITY-ST-ZIP			4.4 CITY-S	I-ZIP	- 	Change Addition
TITLE		∫ DETEIC	51 TITLE 52 NAME			
NAME			5.3 STREET	ADDRESS		
STREET ADDRESS			5.4 CITY-S			
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME		المراجعة الم	6.2 NAME			_ ,
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY ST 710			64 CITY-S	Γ- <i>2</i> ΙΡ		

14. It 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charges, or on an attachment with an address, with all other like empowered.

SIGNATURE:

407-184-466/

CR2E034 (11/98)