**PROFIT** CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCU	MEN   # V735/4	7				
1. Corporatio						
LLOUID	A STATE REPS, INC.			e sersie austreaten lieri altii irali atte attel	LARA BIRK RIBU O	an dan sak
Principal Plac	e of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·	P (BBI) Britis fagna fran mir in nare man army	85841 87811 WADAC B.	(\$411 E1E16 18 20
P.O. BOX 7704	178	P.O. BOX 770478		'		
OCALA FL 34477 OCALA FL 34477		,	DO NOT WRITE IN THIS	SPACE		
US		03		3. Date Incorporated or Qualifed	**	
	•		-	10/21/1992		
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number		lied For
21		28		65-0364997		Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired Fee Require		
City & Sta	·	27 City & State		- 6. Election Campaign Financing	\$5.00 i	<u></u>
rs City at Size	ie.	28		Trust Fund Contribution	Added to	
Zip	Country	Zip	Country	8. This corporation owes the current year in	tangible	
24	25	29	30	Personal Property Tax.	☐ Yes `	No.
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered	Agent	
710	ANIMIN DUIVELIO		B1 Name TA	BANKIN LEON		
TABANKIN, PHYLLIS 5428 SW 87TH PL				ess (P.O. Box Number is Not Acceptable)		
	NA FL 34476		83 5	186 SW 8/111 PL		
	1DA FE 34470		° 0	CALA FL 34476		
	•		84 City	EI.	85 Zp C	ode
44 5	ATAK SASSASSAS AS PENDING 807 05	02 and 807 1509 Slocida Stabder	the above-named com	oration submits this statement for the purpose of	changing its :	egistered
office or	registered agent, or both. In the State	of Florida, Such change was au	horized by the corporate	on's board of directors. I hereby accept the appoint	intment as reg	istered
agent. I a	am familiar with, and accept the colig HYLLIS TABANK	IN Section 607.0505 Fight	les Jalent	oration submits this statement for the purpose of on's board of directors. I hereby accept the appo	>-99	
SIGNATURE	Signature, typed or printed name of registered ag		Registered Agent signature require	d when reinstating) DATE		
12.		NO DIRECTORS	13,	ADDITIONS/CHANGES TO OFFICERS A		
mie	DP	☐ DELETE	1,1 TITLE		Change	Addition
NAME	TABANKIN, LEON		12 NAME			
STREET ADDRESS	•		1.3 STREET ADDRESS			
CITY-ST-ZIP	OCALA FL	□ nciere	1.4 CITY-ST-ZIP		☐ Change	Addition
TITLE	DV CAROL M	☐ DELETE	2.1 TITLE 2.2 NAME		The control	
NAME	TOMENSKY, CAROL M.		2.3 STREET ADDRESS			
STREET ADDRESS	2 ALPINE DR. LAKE HOPATCONG NJ	,	2.4 CITY-ST-ZIP	يستنبط يرافي المراد الماض والم		
TITLE	LAKE HOPAILUING IN	☐ DELETE	3.1 TITLE	<del></del>	Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS	*		
CITY-ST-ZIP			3.4. C/TY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change	☐ Addition
NAME			4.2 NAME		•	
STREET ADDRESS	3		4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			(T) and then
TITLE		☐ DELETÉ	5.1 TITLE		Change	Addition
NAME	1		5.2 NAME	•		
STREET ADDRESS			* * ********			
			5.3 STREET ADDRESS			•
CITY-ST-ZIP		□ ociere	5.4 CITY-ST-ZIP	<del></del>	[*] Change	Addition
CITY-ST-ZIP TITLE NAME	, , ,	DELETE			Change	Addition

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 of the receiver or brustee 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, so that a statement with pid address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Mar 22, 1999 8:00 am Secretary of State 03-22-1999 90071 021 \*\*\*150.00