FILED Apr 23, 1999 8:00 am Secretary of State

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

PROFIT CORPORATION. ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

•	1999###	DIVISIO	N OF CORPO	RATIONS	04-23-1999 90	0026 026 ***15	0.00
DOCUI	MENT # S03972						
JUSTA F	ARM CORP.					•	
	·						
Principal Place	e of Business	Mailing Address			T SABITATE US BATAN TITLE TOTAL TOTAL	i itāl ātāli asati atali ara	1) ((1)(1) (1)(1)
870 S. COLLIER BLVD LES FALLS PHB 870 S. COLLIER BLVD LES FALLS PHB					DO NOT WRITE	E IN THIS SPACE	
MARCO ISLAND FL 34145 US US US				3. Date Incorporated or Qualifed			
03 .	••	00			10/04/1990		i
2. Principal P	lace of Business	2a. Mailing Address	3		4. FEI Number		Applied For
21		26			65-0225806		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, et	C.		5. Certificate of Status Desired	1 1	Additional Required
22 City & Stat		City & State	_ City & State		6. Election Campaign Financing		0 May Be
23	City & State City & State 28				Trust Fund Contribution	1	d to Fees
Zip	The state of the s			untry	8. This corporation owes the curren	nt year Intangible	
24	25	29	30		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Re	gistered Agent	
	PACKETOE HALL CORPORATION	OVOTEM INC		81 Name			
THE PRENTICE-HALL CORPORATION SYSTEM INC.				82 Street Address (P.O. Box Number is Not Acceptable)			
1201 HAYS ST.				83			
SUITE 105 TALLAHASSEE FL 32301				63	·		
IALL	AI JASSEL I E SESUI			84 City		FL 85 Z	p Code
44.5	4. H	2 and 607 1509 Florida	Statutoe the	above-named com	poration submits this statement for the p		its registered
office or r	to the provisions of Sections 607-050. registered agent, or both, in the State of familiar with, and accept the obligated from the state of the sta	of Florida, Such change	was authoriza 05, Florida Sta	ed by the corporation at the state of the corporation of the corporati	on's board of directors. I hereby accept	the appointment as	registered
	Signature, typed or printed name of registered agen			ed Agent signature require	ADDITIONS/CHANGES TO OFFI	DATE	TOPS IN 12
12.	OFFICERS AN	D DIRECTORS	13 TF 11	TITLE	ADDITIONS/CHANGES TO OFFI	CERS AND DIREC	
TITLE	CP CPARCIA IOUNIA	المال		NAME			
NAME STREET ADDRESS	BLACKWELL, JOHN W. 870 S. COLLIER BLVD.		1	STREET ADDRESS			
· ·	MARCO ISLAND FL		B C	City-st-zip			
CITY-ST-ZIP	SVT	☐ DELI		TITLE		☐ Chang	e Addition
NAME	BLACKWELL, KAREN A.		2.2	NAME:			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP	MARCO ISLAND FL		2.4	CITY-ST-ZIP			
TITLE		☐ DELI	ETE 3.1	TITLE		Chanç	e Addition
NAME,	٠	المراجع المنطوا	3.2	NAME	and the second s	. =-•	
STREET ADDRESS			3.3	STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP		Chan	ge Addition
TITLE		☐ DELI	1	TITLE			je
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP		☐ DEL		CITY-ST-ZIP TITLE		☐ Chan	ge Addition
NAME			1	NAME			
	'				•		
STREET ADDRESS				STREET ADDRESS	·		Ì

6.4 CITY-ST-ZIP CITY-ST-ZIP 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 confortation of the receiver for trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if chapted, or or an attachment with an addiess, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

□ DELETE

☐ Change

Addition