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

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # 477401



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

Mar 16, 1999 8:00 am Secretary of State Katherine Harris

03-16-1999 90094 013 ***150.00

JOHNSO)n, gilbert & Camps, p	. A.								
Principal Place	e of Business	Mailing Address					ilai diait ata	II vis il alak bil	I II WI WILL I I WAT	
· ·		1080 WOODCOCK	R∩AD							
1080 WOODCOCK ROAD 1080 WOODCOCK ROAD SUITE 266 SUITE 266									•	
ORLANDO FL 32803 ORLANDO FL 32803						DO NOT WRITE IN THIS SPACE				1
						3. Date Incorporated or Qualifed				Ì
1						06/01/1975				ł
2. Principal Pl	lace of Business	2a. Mailing Addres	ss			4. FEI Number			lied For	
21		26				59-1593905			Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, e	etc.			5. Certifcate of Status Desired		\$8.75 Ac		
22		27								
City & Stat	ie .	City & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 N Added to		
23	Country	28		untry		This corporation owes the current	t voor Inter		1 663	
Zip	25	— ·	30	and y		Personal Property Tax.	ıı year ınıa		□No	}
24	9. Name and Address of Curr	29 ant Registered Agent	30	ī		10. Name and Address of New Re		•		1
	5. Name and Address of Cult	ent Negistered Agent		81	Name	16. Idalia dita itana	<u> </u>	0		
JOHI	NSON, FRANK R									
1080 WOODCOCK ROAD SUITE 266				82	Street Add	dress (P.O. Box Number is Not Acceptab	e)			
				83						1
	ANDO FL 32803	•						 		
				84	City		FL	85 Zip C	ode	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida	Statutes, the	above	e-named cor	poration submits this statement for the p	mose of c	hanging its r	egistered	1
office or n	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change	e was authorize	ed by	the corporat	ion's board of directors. I hereby accept	the appoint	ment as regi	stered	22
SIGNATURE			MOTE B				DATE			١.
12.	Signature, typed or printed name of registered a	AND DIRECTORS	(NOTE: Registere		ir siğirarına redoi	red when reinstating) ADDITIONS/CHANGES TO OFFI		DIRECTOR	RS IN 12	
TITLE	PSD	☐ DEI		TITLE		ADDITION OF THE PROPERTY OF TH		Change	Addition	1
NAME	FRANK R. JOHNSON	_	1.21	NAME						
STREET ADDRESS	1080 WOODCOCK RD, SUITE 266			1.3 STREET ADDRESS						
	ORLANDO FL	L 200		CITY-ST						l '
CITY-ST-ZIP TITLE	ONEARDO TE	□ DE		TITLE	1-211			Change	☐ Addition	
NAME				NAME						
STREET ADDRESS					ADDRESS					
				CITY-S						
CITY-ST-ZIP TITLE		(DEI		TITLE	11-21	· · · · · · · · · · · · · · · · · · ·		Change ~	~ [] Addition	1-
NAME		<u> </u>		NAME				_		
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			1	CITY-S						
TITLE				CITT-3	II-ZIF			Change	Addition	
NAME		∏ DEI		TITI F	1					
I INDAC		☐ DEI	.ETE 4.11	TITLE NAME				Change		
STREET ADDRESS		☐ DEI	LETE 4.11 4.2	NAME	r ADDRESS			Change		
STREET ADDRESS		☐ DEI	LETE 4.11 4.2 4.35	name Street	T ADDRESS			_] Change		
CITY-ST-ZIP			4.11 4.2 4.35 4.40	NAME STREET CITY-ST				Change	Addition	
CITY-ST-ZIP		□ DEI	.ETE 4.11 4.2 4.3 4.4 (.ETE 5.11	name Street				- ·	Addition	
CITY-ST-ZIP TITLE NAME			ETE 4.11 4.2 4.35 4.40 ETE 5.11 5.21	NAME STREET CITY-ST TITLE NAME				- ·	Addition	-
CITY-ST-ZIP TITLE NAME STREET ADDRESS			.ETE 4.11 4.2 4.38 4.40 .ETE 5.11 5.21	NAME STREET CITY-ST TITLE NAME	T-ZIP		<u>-</u>	- ·	Addition	-
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			.ETE 4.11 4.2 4.38 4.40 .ETE 5.11 5.21 5.38 5.40	NAME STREET CITY-ST TITLE NAME STREET	T-ZIP			- ·	☐ Addition☐ Addition☐	
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DEI	.ETE 4.11 4.2 4.33 4.46 .ETE 5.11 5.21 5.33 5.46 .ETE 6.11	NAME STREET CITY-ST TITLE NAME STREET CITY-ST	T-ZIP			Change		

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 or the receiver 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 changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

