PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 601043

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.

FILED Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90076 032 ***150.00

1. Corporation LEIDER,											
Principal Place of Business Mailing Address 340 GOLF BROOK CIRCLE #108 LONGWOOD FL 32779 Mailing Address 440 GOLF BROOK CIRCLE #108 LONGWOOD FL 32779							DO NOT WRITE IN THIS SPACE				
U\$ U\$						3. Date Incorporated or Qualifed 05/29/1969					
2. Principal Pl	lace of Business	2a. Mailing Address				4.	FEI Number 59-1262859			lied For Applicable	l
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5.	Certifcate of Status Desired		\$8.75 A			
City & State		City & State			1 -	Election Campaign Financing Trust Fund Contribution		\$5.00 r			
		Zip	Coun	untry		8.	This corporation owes the currer Personal Property Tax.		ngible	□No	
9. Name and Address of Currer		177.					Name and Address of New Re	gistered A	gent		ı
LEIDER, BETTE ANN					Name						
340	GOLF BROOK CIRCLE, #108			82	Street Addr	Address (P.O. Box Number is Not Acceptable)					
LON	GWOOD FL 32779		[83							
			[84 City				FL	85 Zip C	ode	
office or re agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was all	tnorizea	DV III	named com he corporation	poration ion's bo	submits this statement for the plant of directors. I hereby accept	the appoin	tment as reg	istered	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE:	Registered A	Agent s	signature require	red when re	instating)	DATE		_	1 6
12.		D DIRECTORS	13.			Α	DDITIONS/CHANGES TO OFFI	CERS ANI	DIRECTO	RS IN 12	ģ
TITLE	SPD	☐ DELETE 1.1 TI		1 TITLE					Change	☐ Addition	3
NAME	LEIDER, BETTE ANN		1.2 NAME							3	
STREET ADDRESS	340 GOLF BROOK CIRCLE, #1	108	1.3 STREET ADDRESS								Ļ
CITY-ST-ZIP	LONGWOOD FL 32779			4 CITY-ST-ZIP							<u> </u>
TITLE		☐ DELETE	2.1 TITE	E					Change	☐ Addition	(
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NAME	321		3.2 NAM	ME	1						ŀ
STREET ADDRESS			3.3 STR		ADDRESS		÷				
CITY-ST-ZIP	ST-ZIP		3.4. CITY-ST-ZIP		-ZIP						
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NAME			4, 2 NA	ME							1
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NAME			5.2 NAME								1
STREET ADDRESS			5.3 STREET ADD		ADDRESS]
CITY-ST-ZIP				4 CITY-ST-ZIP						F==1	ļ
TITLE		☐ DELETE	6.1 TITLE						☐ Change	Addition	
NAME	Ì		6.2 NA	ME							
STREET ADDRESS	3		6.3 STF	ADDRESS						1	
CITY-ST-ZIP			6.4 CIT	Y-ST-	-ZIP						