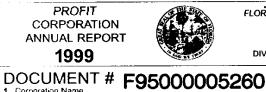
FILE NOW:	<b>FILING</b>	FEE AFT	<b>TER MAY</b>	1ST IS	\$550.00
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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

FILED 99 OCT -7 AM 10: 39

SECRETARY OF STATE

DO NOT WRITE IN THIS SPACE

UTH CAROLINA)	
Mailing Address	
PO BOX 8375 GREENVILLE SC 29604	
	Mailing Address PO BOX 8375

ENVILLE OU 2000/	20 (10)	_	
		3. Date Incorporated or Qualifed	
		10/27/1995	
D. J. Dr. v. v. D. velenne	2- Mailing Address	4 EGI Number	1

Z. Pro	ncipal Place of business	28.	. Mailing Address		J 4.	I LI MUNICO		[ [ 7445	וטונטווי
21	•	26			1	57-0671814		Not .	Applicab
Sui	te, Apt. #, etc.	27	Suite, Apt. #, etc.		5.	Certificate of Status Desired		<b>\$8.75</b> Ad Fee Req	
City	y & State	28	City & State		6.	Election Campaign Financing Trust Fund Contribution		\$5.00 M Added to	•
	Country		Zin	Country		This companding array the error	et voca inton	aible	

	9. Name and Address of Current F	legistered Agent		10. Name and Address of New Registered Agent	
4	25	29	30	Personal Property Tax.	]No
_	Zip Country	Zip	Cour	untry 8. This corporation owes the current year intangible	
3		28		Trust Fund Contribution Added to	Fees
	City & State	City of State		8. Election Campaign Financing - \$5.00 M	iay Be

	81	Name
CUROTTO, DON C/O WELLS. ALLEN, LONG & MORRISON, P.A.	82	Street Address (P.O. Bo
340 NORTH ORANGE AVENUE	83	
ORIANDO EL 32802		

1	81	Name		
ı	l	700000115	<u> </u>	27 <u></u>
	82	Street Address (P.O. Box Number is Not Acceptable) 9-0	109	7011
ľ	83	****550.00		
Ì	84	City	85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE	Signature typed or printed name of registered agent and title if applicable	(NOTE: F	Registered Agent signature require	ed when reinstating) DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	RS IN 12
1'ILF	PD D	ELETE	1.1 TITLE	☐ Change	☐ Addition
NAME	RAMA, JAYANTI P		1.2 NAME		
STREET ADDRESS	306 HENDERSON ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	GREENVILLE SC		1.4 CITY-ST-ZIP		
TITLE	CD	DELETE	21 TITLE	☐ Change	☐ Addition
NAME	RAMA, HASMUKH P		22 NAME		
STREET ADDRESS	306 HENDERSON ROAD		23 STREET ADDRESS		
CITY-ST-ZIP	GREENVILLE SC		2. 4 CITY-ST-ZIP		
TITLE	SD 🗆 🗅 🗅	DELETE	3.1 TITLE	☐ Change	Addition
NAME	RAMA, MANHAR P		3.2 NAME		
STREET ADDRESS	A LIEDLICOL COLIDE		3.3 STREET ADDRESS		
CiTY+ST-ZIP	GREER SC		3.4 CITY-ST-ZIP		
THILE		DELETE	4.1 TITLE	Change	☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZiP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE	☐ Change	Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	Change	Addition
NAME			6.2 NAME	_	_
STREET ADDRESS			6.3 STREET ADDRESS		(F
			64 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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, 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.

SIGNATURE: