PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9700004328

1. Corporation Name

ORLANDO INTERNATIONAL SIERRA CORPORATION

Principal	Place	of	Bus	iness

Mailing Address

8100 E. 22ND ST., NORTH BLDG 500 WICHITA KS 97226

8100 E. 22ND ST., NORTH BLDG 500 WICHITA KS 97226

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90101 033 ***150.00



DO NOT WRITE IN THIS SPACE

							DO NOT WATE IN THIS SE	AUL			
							3. Date Incorporated or Qualifed				
		1 2-	. A.A102 - AII				08/18/1997 4. FEI Number		Applied For		
- '	lace of Business	\vdash	Mailing Address				74-2844707		lot Applicable		
11		26	Suite, Apt. #, etc.						Additional		
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.				5. Certifcate of Status Desired		Required		
City & State	e	-	City & State				6. Election Campaign Financing	\$5.00	May Be		
3		28					Trust Fund Contribution	Addec	to Fees		
Zip	Country	1=-	Zip	Co	ountry	,	8. This corporation owes the current year Intan	gible			
4	25	29		30			Personal Property Tax.	Yes	∑)No		
	9. Name and Address of Current	17.1	stered Agent		$\overline{}$		10. Name and Address of New Registered Ag	jent			
					81	Name					
C T CORPORATION SYSTEM					82 Street Address (P.O. Box Number is Not Acceptable)						
1200	SOUTH PINE ISLAND ROAD				82	Street Addr	ress (P.O. Box number is Not Acceptable)				
Plai	NTATION FL 33324				83						
					84	City	· FL	85 Zip	Code		
						<u> </u>	oration submits this statement for the purpose of ch		to registered		
office or r agent. I a	registered agent, or both, in the State of m familiar with, and accept the obligat	of Flor	ida. Such change was a	uthonz	ed by	the corporation	on's board of directors. I hereby accept the appointr	nent as i	registered		
SIGNATURE	Signature, typed or printed name of registered agen-	t and title	if applicable. (NOTE	: Register	ed Agei	nt signature require	d when reinstating) DATE				
12.	OFFICERS AN	D DIR	ECTORS	1:	3.		ADDITIONS/CHANGES TO OFFICERS AND				
TITLE	CD		☐ DELETE	1.1	TITLE		(Change	Addition		
NAME	RUHFUS, ROLF E			1.2	NAME						
STREET ADDRESS	8100 E 22ND BLDG 500			1.3	STREE	TADDRESS					
CITY-ST-ZIP	WICHITA KS			1,4	CITY-S	T-ZIP					
TITLE	P		☐ DELETE	2,1	TITLE		[Change	Addition		
NAME	ISAAC. B A			2.2	NAME						
STREET ADDRESS				2.3	STREE	T ADDRESS					
CITY-ST-ZIP	WICHITA KS			2.4	CITY-S	ST-ZIP					
TITLE	VTD		☐ DELETE	_	TITLE			Change	Addition		
NAME	BAKER, ROY R			3.2	NAME						
STREET ADDRESS	A 444 E 4411D DI DO 500			33	STREE	TADDRESS					
-	WICHITA KS				. CITY-S						
CITY-ST-ZIP TITLE	V		☐ DELETE	_	TITLE			Change	e		
NAME	MARVIN, DON R				2 NAME						
STREET ADDRESS	C			- 8		T ADDRESS					
	WICHITA KS			- 6	CITY-S				-		
CITY-ST-ZIP TITLE	VS		☐ DELETE		TITLE	·· = ··		Change	e ☐ Addition		
	MORSE, JOHN R				NAME	1		_			
NAME	AND OLDO FOR					TADORESS					
STREET ADDRESS	WICHITA KS				CITY S						
CITY-ST-ZIP		-	☐ DELETE		TITLE			Change	e		
TITLE	MOCCOURC POREDT E			- 1	NAME		•				
NAME	MOSSBURG, ROBERT E			- 1		TADDRESS	•				
STREET ADDRESS	8100 E 22ND BLDG 500				CITY			•			

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.

316-681-5107