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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 10, 1999 8:00am

**Secretary of State** 

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

I. Corporati	JMENT # H21300 SER, INC.	)			02-10-1999 90023 003 *		
Principal Pla	ce of Business	Mailing Address					
7605 PRESIDE ORLANDO FL	INTS DRIVE	7605 PRESIDENTS DRIVE ORLANDO FL 32809			DO NOT WRITE IN 1	THIS SPACE	
		,			3. Date Incorporated or Qualifed 09/17/1984	THO OF FIGE	
2 Principal	Place of Business	2a. Mailing Address		,	4. FEI Number	· · · · · · · · · · · · · · · · · · ·	11
21	i idda di Basii idda	26.				<b>⊢</b>	plied For
Suite, Apt	# etc	Suite, Apt. #, etc.			59-2448615		t Applicable
22 27					5. Certifcate of Status Desired	\$8.75	
City & Sta	ite .	City & State				Fee Re	
23 28			6. Election Campaign Financing Trust Fund Contribution Added to		•		
	Country	Zip	Country		8. This corporation owes the current year		
24	25		30		Personal Property Tax.	Yes	□No
	9. Name and Address of Curren	t Registered Agent	81	Name .	10. Name and Address of New Registe	red Agent	
CT :	CORPORATION SYSTEM		*'	Name	•	* .	
1200 S. PINE ISLAND ROAD			82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324		83		* #857 #657		State Committee of the	
			63				ji (3)
			84	City		<b>FL</b> 85 Zip C	
office or agent. I a	am ramiliar with, and accept the obligat	2 and 607,1508, Florida Statute of Florida. Such change was au tions of, Section 607.0505, Flori	es, the above- uthorized by to ida Statutes.	-named corpo he corporatio	oration submits this statement for the purposion's board of directors. I hereby accept the ap	e of changing its ppointment as rec	registered gistered
12.		Lead title if applicable (NOTE:	Bodistored Asset				
TITLE	OFFICERS AN			signature required	d when reinstating) DATE	·	<del></del>
		D DIRECTORS	13.	signature required	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	
	PD		13. 1.1 TITLE	signature required		·	RS IN 12
NAME	PD LEE, CHONG	D DIRECTORS	13. 1.1 TITLE 1.2 NAME		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	
NAME STREET ADDRESS	PD LEE, CHONG 1319 ARTHUR STREET	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET A	ADDRESS	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	
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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 changes, or on an attachment with an address with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP ·

NATURE AND TYPED OR PRINTED JAME OF SIGNING OFFICER OR DIRECTOR

407-812-4611 Daytime Phone # CR2E034 (11/98)