FILED

Feb 19, 1999 8:00 am Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUN 1. Corporation	MENT # K40279									
•	NVENTIONS, INC.								111 1 44 1	
Principal Place	of Business	Mailing Add	ress					i B1811 81913 818		
255 SOUTH OR		255 SOUTH	ORANGE AVENU	E						
SUITE 800		SUITE 800				DO NOT V	DO NOT WRITE IN THIS SPACE			
ORLANDO FL 3	2801	orlando fi Us	_ 32801			3. Date Incorporated or Qualit	****			
US		03				10/21/1988				
2 Princinal Pl	ace of Business	2a. Mailing	Address			4. FEI Number		Applied	For	
21		26				59-2913595		Not Appl	licable	
Suite, Apt.	#, etc.		pt. #, etc.			5. Certificate of Status Desired		.75 Additio		
22		27				3. Germano di Canada Decirio		ee Required		
City & State	9	City & S	State			6. Election Campaign Financi	*	5. 00 May I		
23		28		<u> </u>		Trust Fund Contribution		dded to Fee	es	
Zip	Country	Zip		Country		This corporation owes the opersonal Property Tax.	current year intangibit		,	
24	9. Name and Address of Curren	29	ant 3	10		10. Name and Address of Ne				
	9. Name and Address of Curren	it Neglatered Ag		81	Name	•			· -	
BOW	DOIN, DOUGLAS			-		Addition (D.O. Day Number is Not Ass	ontable)			
255 ORANGE AVENUE			82	Street	Address (P.O. Box Number is Not Acc	eptable)				
SUITE 800				83					, ,	
ORL	ANDO FL 32801			0.4	City		85	Zip Code		
				84	City		FL	·		
office or re	egistered agent or both in the State.	of Florida Such	change was aut	norizea ov	the corp	corporation submits this statement for oration's board of directors. I hereby a	the purpose of chang ccept the appointmen	ing its regist as register	tered ed	
agent. I a	m familiar with, and accept the obliga	tions of, Section	607.0505, Florid	la Statutes						
SIGNATURE			a.a.e. 6		4 =i===t:-=	required when reinstating)	DATE		_	
12,	Signature, typed or printed name of registered ager	ID DIRECTORS	(NOTE: N	13.	it signature	ADDITIONS/CHANGES TO		ECTORS II	N 12	
TITLE	DPS		DELETE	1.1 TITLE					Addition	
NAME	SMITH, W. KELLY			1.2 NAME						
STREET ADDRESS	255 S ORANGE AVE, SUITE 80	00		1.3 STREET	ADDRESS					
CITY-ST-ZIP	ORLANDO FL	•		1.4 CITY-S	T-ZIP					
TITLE	VP		DELETE	2.1 TITLE			. 🗆 C	hange \square	Addition	
NAME	DOWDOIN, DOUGLAS			2.2 NAME						
STREET ADDRESS	255 S ORANGE AVE, SUITE 80	30		2.3 STREET	TADORESS					
CITY-ST-ZIP	ORLANDO FL			2, 4 CITY-S	T-ZIP	tropic for an amount of some for a			Addition	
TITLE			DELETE	3.1 TITLE			Π.	hange 🔲	Addition	
NAME				3.2 NAME						
STREET ADDRESS				3.3 STREET		1				
CITY-ST-ZIP			DELETE	3.4. CITY-S	T-ZIP			hange [Addition	
TITLE				4.1 TITLE			Ь-			
NAME				4. 2 NAME	T ADDRESS					
STREET ADDRESS				4.3 STREE						
CITY-ST-ZIP TITLE			DELETE	5.1 TITLE	1.50			hange 🗌	Addition	
NAME				5.2 NAME						
STREET ADDRESS				5.3 STREE	T ADDRESS	;				
CITY-ST-ZIP				5.4 CITY-S	T-ZIP					
TITLE			DELETE	6.1 TITLE				hange] Addition	
) NAME				6.2 NAME						
CTDECT ADDOCCO				6.3 STREE	TADDRESS					

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:

STREET ADDRESS