Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90067 035 \*\*\*150.00

## 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

## **DOCUMENT # K43532**

JOHN B. INC. OF ORLANDO							1			
								AL <b>ele</b> ll <b>ele</b> l l <b>ac</b> l		
Principal Place		Mailing Address								
% VILNA S. BRUNO 318 KENNEDY AVE. 318 KENNEDY AVE. 318 KENNEDY AVE.										
318 KENNEDY AVE. 318 KENNEDY AVE. EATONVILLE FL 32751 EATONVILLE FL 32751						DO NOT WRITE IN T	HIS SPACE			
!						3. Date Incorporated or Qualifed				
•						11/04/1988				
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Applied For		
21 26						<u>59-2915445</u>		Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	•	5 Additional Required		
City & State	•	City & State				6. Election Campaign Financing		May Be		
23		28				Trust Fund Contribution Added to Fees				
Zip	Country	Zip Country					8. This corporation owes the current year Intangible			
24	25 29 30					Personal Property Tax.	Yes	□No		
	9. Name and Address of Current	Registered Agent	_	81	Name	10. Name and Address of New Registe	rea Agent			
BRU	NO, VILNA S.									
	KENNEDY AVE.			82	Street A	Address (P.O. Box Number is Not Acceptable)		Ì		
EATONVILLE FL 32751				83			1.7			
,										
				84	City		FL  85   Zi	ip Code		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	ites, the a	bove	-named	corporation submits this statement for the purpos pration's board of directors. I hereby accept the a		its registered		
office or re	egistered agent, or both, in the State on familiar with, and accept the obligati	of Florida, Such change was ions of Section 607,0505, FI	authorized orida Stati	i by i utes.	the corpo	pration's board of directors. I hereby accept the a	ppointment as	registered		
SIGNATURE	1) X as a 5 Bs	A		-		8 - 4 DAT	99	ļ		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered	Agent	t signature re	equited witer remodulity				
12.	OFFICERS AND DIRECTORS 13					ADDITIONS/CHANGES TO OFFICER				
TITLE	DP	☐ DELETE	1.1 TC				☐ Chang	Je [_] Addition		
NAME .	BRUNO, VILNA S.		1.2 N		ļ		sy to	Į		
STREET ADDRESS	318 KENNEDY AVE.				ADDRESS	••				
CITY-ST-ZIP	EATONVILLE FL	☐ DELETE	_	TY-ST	-ZIP		Chang	ge [7] Addition		
TITLE :				2.1 TITLE 2.2 NAME				,-		
NAME					******			ļ		
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP,		☐ DELETE	2. 4 C	iTY-S'	T-ZIP		Chang	ge Addition		
TITLE			3.2 N/					_		
NAME '					ADDRESS			į		
STREET ADDRESS			1	ITY-S'				1		
CITY-ST-ZIP,		DELETE	4.1 TT		,- 2,1		Chang	ge Addition		
NAME		· <del>-</del>	4.2 N	AME	-					
STREET ADDRESS					ADDRESS			1		
CITY-ST-ZIP'				TY-ST						
TITLE		DELETE	5.1 TI				☐ Chang	ge Addition		
NAME ;			5.2 N/	AME						
STREET ADDRESS	•		5.3 \$1	TREET	ADDRESS					
CITY-ST-ZIP			_	TY-ST	r-ZIP					
πle ,		□ DELETE	6.1 Tf				Chang	ge Addition		
NAME			6.2 N/					1		
STREET ADDRESS			8.3 81	REET	ADDRESS			l l		

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

CITY-ST-ZIP

SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR