NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N32977

1. Corporation Name

Principal Place of Busine
18515 E. COLONIAL DR
ORLANDO FL 32820

FILED Feb 27, 1999 8:00 am § Secretary of State

02-27-1999 90084 011 ****61.25

Principal Place of Business Mailing Address 18515 E. COLONIAL DR ORLANDO FL 32820 Mailing Address ORLANDO FL 32820					15/8/3 - 20004 - 77								
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Principal Place of Business	2a. Ma	iling Address	·		<u></u>	3.	Date Incorpor 06/23/198	rated or Qualif	fed				
Suite And H. sta		te, Apt. #, etc.				4	FEI Number	<i></i>			TA	polie	d For
Suite, Apt. #, etc.	27	te, Apt. #, etc.				-	59-29612	16			—		plicable
City & State		y & State				+					\$8.75		· -
	28	,				5.	Certifcate of	Status Desired	t 🗆		Fee F		
Zip Cou			Cou	ntry		6.	Election Cam	paign Financi	ng _	· · · · · · · · · · · · · · · · · · ·	\$5.00) ма	у Ве
25	29	ĺ	30				Trust Fund C		9 []	1	Added	to F	ees
	iress of Current Registere					10.	Name and A	ddress of Ne	w Regis	stered A	gent		
		 -		81 1	Name								
SHAW, CARMEN M 18515 E. COLONIAL DRIVE			5		Street Add	iress (P.	O. Box Numb	per is Not Acc	eptable)				
ORLANDO FL 32820				83									
				84 (City	-		·- <u></u>		FL	85 Zip	Cod	е
 Pursuant to the provisions of S 	ections 617.0502 and 617.1 oth, in the State of Florida. S	508, Florida Statute	es, the al	ove-n	named corp	poration	submits this	statement for	the purp	ose of c	nanging ii	s reg eaist	ISTETED arad
agent. I am familiar with, and a	ccept the obligations of, Sec	ction 617,0503, Flor	ida Statu	ites.	e corporati	1011 5 004	ard of director	rs, I hereby ac	cept the	appoint	ипен аз і	-5	6100
agent. I am familiar with, and a	ame of registered agent and title if appl	otion 617,0503, Fior	iga Statt	nes.	e corporati	ed when re	instating)		<i>,</i> .	ATE			
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agent. I am familiar with, and a IGNATURE Signature, typed or printed in the control of the con	ame of registered agent and title if appl	icable. (NOTE:	Registered	Agent si		ed when re	instating)		<i>,</i> .	ATE		ORS	IN 12
agent. I am familiar with, and a IGNATURE Signature, typed or printed in 2. LE D CLIANT DATE	ame of registered agent and title if appl	icable. (NOTE:	Registered	Agent sk		ed when re	instating)		<i>,</i> .	ATE	DIRECT	ORS	IN 12
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agent. I am familiar with, and a IGNATURE Signature, typed or printed in C. D. SHAW, DAVID 18515 E. COLON ORLANDO FL STD	ame of registered agent and title if appl OFFICERS AND DIRECTO	icable. (NOTE: DRS DELETE	13. 1.1 TII 12 NA 1.3 ST 1.4 CC 2.1 TII 22 NA	Agent sk LE ME REET AL TY-ST-Z	DORESS	ed when re	instating)		<i>,</i> .	ATE	DIRECT Change	ORS	IN 12
agent. I am familiar with, and a IGNATURE Signature, typed or printed in LE D SHAW, DAVID 18515 E. COLON ORLANDO FL LE STD GALE, LESLIE A. 14790 BURNTWO	ame of registered agent and title if appl OFFICERS AND DIRECTO	icable. (NOTE: DRS DELETE	Registered 13. 1.1 TII 12 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST	Agent sk LE ME REET AL TY-ST-Z LE	DORESS DORESS	ed when re	instating)		<i>,</i> .	ATE	DIRECT Change	ORS	IN 12
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indicated on this annual report of 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an adoptes, with all other like empowered.

SIGNATURE: