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 #	P95000035793
4 Occasion Name	1 0000000100

1. Corporation	MENT # PS NAME EXTILES, INC.	950000	35793									
Principal Place	of Business		Mailing Addre				—-			is iii is iii isii ia		
			P.O. BOX 6163									
11483 ROCKET SUITE B	BLVD		ORLANDO FL									
ORLANDO FI. 3	2824									ITE IN THIS S	PACE	
US								3. Date Incorpo 05/08/199	rated or Qualifed	1		
2. Principal Pl	ace of Business		2a, Mailing Ac	dress				4. FEI Number	· · · · · · · · · · · · · · · · · · ·		Арр	ied For
21			26					59-33121	95		Not	Applicable
Suite, Apt.	#, etc.		Suite, Apt.	#, etc.				5. Certificate of			\$8.75 Ad	
22			27					5, Certificate of			Fee Req	uired
City & S ate	9		City & Sta	te				6. Election Can	npaign Financing		\$5.00 N	•
23			28					Trust Fund C			Added to	Fees
Zip	Countr	у	Zip		Cou	ntry		1	tion owes the cui			TNo
24	9. Name and Add to		29		30			Personal Pro				No
185 STE.	IWALA, ABDUL M DRENNAN RD 333					81 Nar 82 Stre 83	et Δddre	ss/P.O. Box Num KOCKE 7	bey is Not Accep	tablés Surré	16	
ORL	ANDO FL 32806					84 City	8 7			FL	85 Zip Ci	ode
	to the provisions of Sec		···				01.6	AND C				
office or re agent. as	egistered agent, or both m familiar with, and acc	ept the obligation	ns of, Section 60	7.0505, Flo	Registered	ites.		when reinstating)	····	DATE		_
12.		OFFICERS AND			13.			ADDITIONS/0	CHANGES TO O		Change	S IN 12
TITLE	D	• •	L.	DELETE	1.1 TIT							_
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STREET ADDRE 3S	185 DRENNEN RO		•			REET ADDRI	:SS //	983 Noc	KE / /	7 252) () () () () () () () () () () () () ()	
CITY-ST-ZIP	ORLANDO FL 3280	7 6		DELETE	_	TY-ST-ZIP	$\perp c$	KLANDO	FL	3282	<u>γ</u> ☐ Change	Addition
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NAME					2.2 NA							
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TITLE				DELETE	6.1 TIT	LE .		····			Change	Addition
NAME					6.2 NA	ME						
CTDCCT 1000530					6.3 ST	REET ADDRI	SS					

14. 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 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 of 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 attact ment with an address, with all other like empowered.

64 CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE 2-OR DIRECTOR

407/240 7544