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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

FILED

Jan 26, 1999 8:00am

Secretary of State

01-26-1999 90019 001 ***150.00

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P95000039396

1. Corporation Name

FLAG WORLD, INC.									
	of Queiness	Mailing Addre	ess						
rincipal Place o		1119 VIRGINIA	DRIVE		•				
19 VIRGINIA DRIVE 1119 VIRGINIA DRIVE ORLANDO FL 32803 RLANDO FL 32803					DO NOT	WRITE IN THIS S	SPACE		
					3. Date Incorporated or Qua	lifed		ļ	
						05/17/1995		 _	
		2a. Mailing A	Address			4. FEI Number		Applie	
2. Principal Plac	ce of Business		(UU:ESS			59-3326924			oplicable
ī		26 Suite, Ap	ot # etc.			5. Certificate of Status Desir	ed 🗀	\$8.75 Addi Fee Requi	
Suite, Apt. #,	, etc.	27							
2		City & S	tate			6. Election Campaign Finan	cing 🗆	\$5.00 Ma Added to F	
City & State		28				Trust Fund Contribution			
3	Country	Zip		Count	у	8. This corporation owes the	e current year into	angible ∐Yes 🔀	(No
Zip ∽		29	30	L		Personal Property Tax. 10. Name and Address of I	New Registered		
4	9. Name and Address of Curre		ent		 	10. Name and Address of	104 1108101010		
	9. Name and Address of Contr			8	i				
OUAll	D, TOMMY A		•	Ì	2 Street Add	iress (P.O. Box Number is Not A	cceptable)		
7220	BAY CLUB WAY			Ĺ				3, 4	300
OBLA	NDO FL 32835			١	33				4. 47
Çi.D.	# 			-	34 City		FL	85 Zip Co	de
				1	1 '				gistered
4 . 5 . 5	to the provisions of Sections 607.0	502 and 607.1508	Florida Statutes.	the ab	ove-named co	rporation submits this statement in ition's hoard of directors. I hereby	accept the appo	intment as regis	stered
11. Pursuant to	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with and accept the obli	ate of Florida, Such	change was auth 607,0505, Florida	ionzed a Statul	es.	Marine Marine			
agent. I ar	m familiar with and accept the obli	tyations or, section					DATE		
SIGNATURE	Signature types or printed name of registered a	agent and title if applicable	, (NOTE: Re	gistered /	lgent signature requ	ADDITIONS/CHANGES		ND DIRECTOR	S IN 12
		AND DIRECTORS	·	13.		ADDITIONS/CHANGES	10 010231	Change	☐ Addition
12.	P		☐ DELETE	1.1 TITI					
TITLE	QUAID, TOMMIE			1.2 NA		•			
NAME	TOOL DAY CLID WAY	V		1.3 STI	REET ADDRESS				
STREET ADDRESS	ORLANDO FL 32835				Y-ST-ZIP			Change	Addition
CITY-ST-ZIP	ONDAILE SEES		☐ DELETE	2.1 TIT	LE				
TITLE				2.2 NA	I				
NAME				2.3 ST	REET ADDRESS				
STREET ADDRESS	5								
CITY-ST-ZIP	\			2. 4 C	TY-ST-ZIP			☐ Change	Addition
TITLE	T		DELETE	2. 4 C				☐ Change	Addition
NAME:		<u>,</u>	DELETE	-	rle .			☐ Change	Addition
STREET ADDRESS		<u> </u>	DELETE	3.1 TT 3.2 N/	rle .			Change	Addition
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: