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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1008

## **FILED** Mar 19 1998 8:00am Secretary of State

	1990			<del>_</del>	
POC	UMENT # P9600	00020003 (5)			
	ICO ENTERPRISES OF CEN	<b>,</b> ,			
0.711	ioo Eivieiii iiioeo oi oei	THINE TEOLIGON, INC.		LI DELIGE RICE REPORT REPORT DE LE CONTROL D	DA BRAN BRAN BRAN BRAND
Principal Place of Business		Mailing Address		) (Obrisede 146 (Stild biert Coult Batte adit) bille ife	tie Mitte Marke Auslich Este inne
2700 HILLIARD COURT		2700 HILLIARD COURT			
KISSIMMEE FL 34744		KISSIMMEE FL 34744		DO NOT WRITE IN THIS	SPACE
1				3. Date Incorporated or Qualified	· · · · · · · · · · · · · · · · · · ·
			· · · · · · · · · · · · · · · · · · ·	03/05/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, otc		Suite, Apt #, etc.		59-3364906	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	
24 25 29 30 30 9. Name and Address of Current Registered Agent			30]	Personal Property Tax due June 30.  10. Name and Address of New Registered	Yes No
			81 Name		
2700 HILLIARD COURT		82 Street Add	dress (P.O. Box Number is Not Acceptable)		
KISSIMMEE FL 34744			Street Aut	uress (1.0. box Number is Not Acceptable)	
			83		
ſ			84 City		85 Zip Code
11 Pursuant to the avarisions of Sections CO7 05/12 and 607 1508 Florida Statutes the B			s the phove perced co	FL	of changing its registered
office	or registered agent, or both, in the St	ate of Florida Such change was a	thorized by the corpor	rporation submits this statement for the purpose cation's board of directors. I hereby accept the ap	pointment as registered
	RE MARY JO BIAN		Mary 1	12 112 /3/	13/98
SIGNATU	Signature pend or printed number of tagestered		Flegistated Agent signature req	uired when reinstating) DATE	
12.		AND DIRECTORS	18.0	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	D DIAMON MADY IO	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRE	BIANCO, MARY JO 2700 HILLIARD COURT		1.2 NAME		
CITY-ST-ZIP	KISSIMMEE FL 34744		1.3 STREET ADDRESS 1.4 City-St-Zip		
TITLE	THOOMINGE TE STATE	DELETE	2.1 TITLE		Change Addition
NAME			2 2 NAME		;
STREET ADDRE	ss		23 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME			3 2 NAME		
STREET ADDRE	SS		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	<del></del>	☐ DELETE	3.4. CITY-ST-ZIP		☐ Change ☐ Addition
NAME	1	<u>-</u>	4 2 NAME		
STREET ADDRE	ss		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRE	ss		5 3 STREET ADDRESS		
CITY - ST - ZIP	i		5.4 CiTY-ST-ZIP		

6.4 CITY - ST-ZIP 14. Thereby 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 furstee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

SIGNATURE: MARY JO BIANGO

NAME

STREET ADDRESS