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

Mailing Address

#1445

US

26

111 N ORANGE AVE

ORLANDO FL 32801

2a. Mailing Address

Suite, Apt. #, etc.

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000063357

JOHNSON & WILLIAMS, P.A.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

111 N ORANGE AVE

ORLANDO FL 32801

#1445

21

ST-ZIP

22 Not Applicable 27 5. Certifcate of Status Desired City & State \$8.75 Additional City & State 23 Fee Required 6. Election Campaign Financing 28 \$5.00 May Be Country Trust Fund Contribution Zio Added to Fees 24 Country 25 This corporation owes the current year Intangible 29 9. Name and Address of Current Registered Agent 30 Personal Property Tax. ☐ Yes 10. Name and Address of New Registered Agent □No JOHNSON, STEVEN M 111 N ORANGE AVE 82 Street Address (P.O. Box Number is Not Acceptable) STE 1445 ORLANDO FL 32801 83 City 84 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS TILE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE IAME JOHNSON, STEVEN M 1.2 NAME TREET ADDRESS 111 N ORANGE AVE STE 1445 ITY-ST-ZIP ORLANDO FL 1.3 STREET ADDRESS ΊLE D 1.4 CITY-ST-ZIP ☐ DELETE 2.1 TITLE ME WILLIAMS, MARC R ☐ Change ☐ Addition 2.2 NAME TREET ADDRESS 111 N ORANGE AVE STE 1445 2.3 STREET ADDRESS TY-ST-ZIP ORLANDO FL 2. 4 CITY-ST-ZIP DELETE ИE 3.1 TITLE Change Addition 3.2 NAME REET ADDRESS 3.3 STREET ADDRESS Y-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Æ ☐ Change Addition 4. 2 NAME **ET ADDRESS** 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ DELETE 5.1 TITLE ☐ Change 5.2 NAME ☐ Addition ET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ DELETE 6.1 TITLE ☐ Change 6.2 NAME ☐ Addition ET ADDRESS

6.3 STREET ADDRESS

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90108 003 ***150.00

DO NOT WRITE IN THIS SPACE

Applied For

3. Date Incorporated or Qualifed

<u>0</u>7/26/1996

59-3400945

4. FEI Number

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 seport 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 effect of the dorpgration or the progration or the progration or the progration or the progration of the program of the prog 407)