

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

0075487

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P97000028929**

1. Corporation Name  
**919 GP, INC.**

Principal Place of Business  
**100 EAST SYBELIA AVENUE  
 SUITE 225  
 MAITLAND FL 32751**

Mailing Address  
**100 EAST SYBELIA AVENUE  
 SUITE 225  
 MAITLAND FL 32751**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30  
 9. Name and Address of Current Registered Agent

**HAGLE, MARC L  
 100 EAST SYBELIA AVENUE  
 SUITE 225  
 MAITLAND FL 32751**

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 FL 85 Zip Code

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 office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. The fee is set by the appropriate unit as requested agent I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent or state officer

Title, typed or printed name of state officer or director

Office

12. OFFICERS AND DIRECTORS

TITLE	PTD	[ ] DELETE
NAME	HAGLE, MARC L	
STREET ADDRESS	100 EAST SYBELIA AVE, STE 225	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	VS	[ ] DELETE
NAME	LANGFORD, SHARON	
STREET ADDRESS	100 E SYBELIA AVE STE 225	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	AS	[ ] DELETE
NAME	Mary Otto	
STREET ADDRESS	100 E Sybelia Ave, Ste 225	
CITY-ST-ZIP	Maitland FL 32751	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[ ] Change [ ] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	[ ] Change [ ] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[ ] Change [ ] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[ ] Change [ ] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[ ] Change [ ] Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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DO NOT WRITE IN THIS SPACE

- 3. Date Incorporated or Qualified **03/31/1997**
- 4. FEI Number **59-3442323** Applied For Not Applicable
- 5. Certificate of Status Desired  **\$8.75** Additional Fee Required
- 6. Election Campaign Financing  **\$5.00** May Be Added to Fees
- 7. Trust Fund Contribution
- 8. This Corporation Owns Real Estate or Year-Intangible Personal Property Tax  Yes  No
- 10. Name and Address of New Registered Agent

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Handwritten Signature]*

*B. 3/30/99 MAR*

*3/26/99*

407 629-2040  
 DIST. 12/98

CR2E034 (1/198)