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

r	Principal Place of	Business	М	ailing Address				
}	8705 PALM LAKE (ORLANDO FL 3281		8705 PALM ŁAKE DR. ORŁANDO FL 32819					
								3.
-	2. Principal Place	e of Business	├ 1	. Mailing Addres	s			4.
	21		26					
-	Suite, Apt. #, 6	etc.	27	Suite, Apt. #, e		-,	. •	5.
ľ	City & State	****		City & State	-			6.
ļ,	23		28					
ľ	Zip	Country	11	Zip	***	Country	/	8.
ļ,	24	25	29		30			
ľ). Name and Address of C	urrent Regis	stered Agent				10.
ſ		****				81	Name	
	SAPP, (82	Street Add	ress (P
-	8705 P	alm lake Dr.				02	Ollocivida	, 000
	orlan	DO FL 32819				83	1	
						L		
- 1						84	City	

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3. Date Incorporated or Qualifed 08/28/1998 2. Principal Place of Business 2. Mailing Address 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. City & State 2. City & State 3. Country 4. FEI Number 5. Certificate of Status Desired 5. Certificate of Status Desired 5. Election Campaign Financing 7. Fe 6. Election Campaign Financing 7. Trust Fund Contribution 8. This corporation owes the current year Intangible	Appli Not A	
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Zip Country Zip Country 8. This corporation owes the current year Intangible		ay Be
	dded to	rees
		No I
24 25 29 30 10000000000000000000000000000000000		JNO
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent		
81 Name		
SAPP, JUDY 82 Street Address (P.O. Box Number is Not Acceptable)		
8705 PALM LAKE UK.		
ORLANDO FL 32819 83		
84 City FL 85	Zip Co	de
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	ing its re	gistered
office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors, I never accept the appointment of	as regis	stered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE		
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	COTOD	© INI 12 \
TILE D □ □ □ DELETE 1.1 TILE	hange	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 ar 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 control 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 phanged, or on an attachment with an address, with all other like empowered.