## 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

## DOCUMENT # C11415

1. Corporation 192 FLE	A MARKET OUTLET, INC.	,							
Principal Place of Business Mailing Address							1#11 #1#11 #1#11 #1#11 #	1811 67611 1001	
4301 W VINE ST. 4301 W VINE ST.									
KISSIMMEE FL 34746-6316 KISSIMMEE FL 34746-6316							DO NOT WRITE IN THIS SPACE		
								HIS SPACE	·
							3. Date Incorporated or Qualifed 11/06/1990		
2. Principal P	lace of Business	2a. Mailing Add	ress				4. FEI Number	<del></del>	plied For
21		26					59-3038361		t Applicable
Suite, Apt.	#. etc	Suite, Apt	#, etc				5. Certificate of Status Desired	\$8.75 A	
22		27						Fee Re	<del>`</del>
City & State	e	City & State	9				Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
Zip	Country	Zip		Country			8. This corporation owes the current year		_
24	25	29	30				Personal Property Tax.		□No
	9. Name and Address of Currer	t Registered Agent					10. Name and Address of New Registe	red Agent	
100	EDUC DELDOV			81	Nam	е			
	EPHS, DELROY			82	Stree	t Addre	ess (P.O. Box Number is Not Acceptable)		
4301 W VINE ST.									
KISS	SIMMEE FL 34746			83					
				84	City			85 Zip C	Code
								FL 65 2 pc	rogistored
11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State.	2 and 607,1508, Flo of Florida, Such cha	rida Statutes, th nge was author	ne abovi nzed by	e-name the co	d corpo poratio	pration submits this statement for the purposin's board of directors. I hereby accept the a	ppointment as re	gistered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607	0505, Florida	Statutes	i.		,		
SIGNATURE							t when reinstating) DAT		
	Signature, typed or printed name of registered age	nt and title if applicable		13.	it signatul	e required	ADDITIONS/CHANGES TO OFFICER:		RS IN 12
12.	D OFFICERS AN			13. 11TITLE			ADDITIONS CHANGES TO OFFICE IN	☐ Change	Addition
TITLE	JOSEPHS, DELROY	۰ ب	i i	1 2 NAME					_
NAME	4301 W. VINE ST.		- 1		* * * * * * * * * * * * * * * * * * * *				
STREET ADDRESS	1		1	1 3 STREE		3			
CITY-ST-ZIP	KISSIMMEE FL			1 4 CITY-S 2.1 TITLE	T-ZIP			Change	Addition
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CITY-ST-ZIP				3.4 CITY-5	51-ZIP			Change	Addition
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NAME			1	4 2 NAME					
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NAME			1	5 3 STREE	T ADDRES	is			
STREET ADDRESS			li li	5 4 CITY-S		-			
CITY-ST-ZIP TITLE				6 1 TITLE		+		Change	Addition
1411 =	I .							3-	_

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 the 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 adachment with an address, with all other like empowered.

6 3 STREET ADDRESS

64 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: DELFOY JOSEPHS - President

11299

Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90017 002 \*\*\*750.00