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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V33855

PATHWA	ays advertising interna	ATIONAL, INC.							
Principal Place	e of Business	Mailing Address				1 1001 0(1)00 1(100 (1)01 (1016) 1018) BI)	1811 VIV III 1881
2100 S HIAWASSEE RD. ORLANDO FL 32835 2100 S HIAWASSEE RD. ORLANDO FL 32835						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						05/06/1992		_	
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	-	App	olied For
21 26						59-3124289		Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certifcate of Status Desired		\$8.75 A Fee Red	i i
City & State City & State						6. Election Campaign Financing		\$5.00	May Be
23 28						Trust Fund Contribution		Added to	
Zip	Country	Zip	Count	ry	~	8. This corporation owes the curr	ent year Inta		
24	25	29	30			Personal Property Tax.			□No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New I	Registered A	gent	
D	DED 1 INDAW I		8	1 Na	me				}
BUILDER, J. LINDSAY J 369 N. NEW YORK AVE, 3RD FLOOR			8	2 Str	eet Addre	ess (P.O. Box Number is Not Accepta	able)		
SUITE 1300			8	3				•	
WIN	TER PARK FL 32789			1				as Zin C	'odo
			}	4 City			FL	85 Zip C	· · · · · · · · · · · · · · · · · · ·
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the abo	ve-nan	ned corpo	pration submits this statement for the	purpose of c	thanging its i tment as rec	registered sistered
office or n agent. I a SIGNATURE	to the provisions of Sections 607.050 registered agent, or both, in the State m amiliar with, and accept the obligation of the state of	uca C				when reinstating)	49 DATE		
ſ	Signature, typed or printed name of regulatered ager	uca C				41271	DATE _		
SIGNATURE	Signature, typed or printed name of regulatered ager	nt and title if a Nicable. (NOTE: F	Registered Ag	ent signa		when reinstating)	DATE _		
SIGNATURE	Signature, typed or printed name of regulative ager OFFICERS AN	nt and title if as Nicable. (NOTE: F	Registered Ag	gent signa		when reinstating)	DATE _	DIRECTO	RS IN 12
SIGNATURE 12. TITLE	Shawring typed or printed name of right land ager OFFICERS AN	nt and title if as Nicable. (NOTE: F	13. 1.1 TITLE	gent signa	ture required	when reinstating)	DATE _	DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME	Shawer typed or printed name of regularized ager OFFICERS AN PD CHEBEIR, CAMILLE	nt and title if as Nicable. (NOTE: F	13. 1.1 TITLE	gent signa E EET ADDR	ture required	when reinstating)	DATE _	D DIRECTOI	RS IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Shawerful typed or printed name of rystlushed ager OFFICERS AN PD CHEBEIR, CAMILLE 2100 S HIAWASSEE RD ORLANDO FL	nt and title if an hicable. (NOTE: F	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY	ent signa E EET ADDR -ST-ZIP	ture required	when reinstating)	DATE _	D DIRECTOI	RS IN 12
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CITY-ST-ZIP 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 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 officer or director of the corporat Block 12 or Block 13 if changed

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS