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

**PROFIT CORPORATION** ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000066131 (0)

BITNER COM/ORLANDO INC.

**FILED** Apr 30 1998 8:00am Secretary of State

Principal Place of Business Mailing Address					0
		5310 NW 33RD AVE			
ORLANDO FL 32804		STE #218			
US		FORT LAUDERDALE FL	33309	DO NOT WRITE IN THIS SPACE	
		US		3. Date Incorporated or Qualified	
9 Oringinal D	lace of Business	1.6		08/25/1995	
<u> </u>	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# olc	Suile, Apt. #, etc		59-3333141	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	0	City & State		& Floation Compaign Fingueins	
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zıp	Country	Zip	Country	8. This corporation owes or has paid the d	
24	25	29	30	Personal Property Tax due June 30.	☐ Yes ☐ No
g, Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
	Chardson, Gex		81 Name		
1935 NE 4TH AVENUE			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
FORT LAUDERDALE FL 33305					
			83		
			84 City		. 85 Zip Code
• • • • • • • • • • • • • • • • • • • •				F	L
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 Suction 607.0505. Florida Statutes of the corporation's board of directors. I hereby accept the appointment as registered agent 1 am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes.					
SIGNATURE	•	•			
	Stignature, typical or preded turns of pegistered a		E. Registered Agent signature req	uired when reinstating) DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TIFLE	ST Bitner, gary e.	[_] DELETE	11 TITLE		☐ Change ☐ Addition
NAME	890 SW 20TH ST		1.2 NAME		j
STREET ADDRESS	BOCA RATON FL		1.3 STREET ADDRESS		
CITY-ST-ZIP	P	DELETE	1.4 CITY-ST-ZIP		——————————————————————————————————————
NAME	HENNESSY, KIMBRA	LJ office	2.1 TIFLE		Change Addition
STREET ADDRESS	106 SWEET BAY LN		2 2 NAME		
CITY-ST-ZIP	LONGWOOD FL		2 3 STREET ADDRESS		
TITLE		DELETE.	2 4 CITY · ST - ZIP 3 1 TITLE		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34. City-St-Zip		
THLE		DELETE	4 1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CiTY - ST - 7IP		
TITLE		DELETE	51 TITLE		☐ Change ☐ Addition
NAME			5 2 NAME		ŀ
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-SI-ZIP			5 4 CITY - ST - ZIP		
TITLE		☐ DELE1E	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-S1-ZIP			6.4 CITY - ST - ZIP		
14 I harabi c	ertify that the information supplied in	with this films door not suplify for	والمراجع ومالم ومراجع مراوع	Caption 140 07(9)(i) Finish Castides 14 others	

Thereby certify that the information supplied with this hing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes 1 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 it 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.