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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S02865

i. Corporatio	on Name									
1	E ROAD, INC.									
1200 LL	L HOAD, INO.									
<u> </u>	<u> </u>	 								
Principal Plac	ce of Business	Mailing Address				1 100/1010 11	. 42110 11001 10110 9	((E) 5141 61671 5 1		1817 87871 1001
1206 LEE ROA	0	1216 W WASHINGT	ON ST					•		
ORLANDO FL 32810 ORLANDO FL 32805										
		US					DO NOT WRI	TE IN THIS	SPACE.	
		•			,	Date Incorpora			_	.oo
	<u> </u>					09/28/1990	<u> </u>			
2. Principal F	Place of Business	2a. Mailing Addres	ss			4. FEI Number			Ap	plied For
21	·	26				59-3033900	<u> </u>		Not	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, e	etc.	·	,	5 Contiferate of C	tatus Designat		\$8.75 A	dditional
22		27	•			5. Certifcate of S	iaius Desneo	Ш	Fee Re	quired
City & Stat	te	City & State				6. Election Camp	aign Financing		\$5.00	Mav Be
23		28	•			Trust Fund Co	ntribution		Added to	
Zip	Country	Zip	Co	ountry	_	8. This corporation	on owes the curr	ent vear Inta	angible	
24	25	29	30			Personal Prop				□No
	9. Name and Address of Current	Registered Agent	11			10. Name and Ad		Registered /	Agent	
				81 N	Name				 -	· · · · · · · · · · · · · · · · · · ·
IAQI	UINTO, FRANK V									
1216 W WASHINGTON ST				82 Street Ad		ss (P.O. Box Numbe	er is Not Accepta	able)		
	ANDO FL 32805			83			 	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		2 2 2 2 1
				55						
				84 C	City		· · · · · · · · · · · · · · · · · · ·		85 Zip C	ode
		<u></u>						<u> </u>		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida	Statutes, the	above-na	amed corpora	ation submits this st	tatement for the	purpose of	changing its	registered
				ad by tha	openoration'	a based of directors	· I boroby ocoo	at the energic	stanout ac cae	
agent. I a	im familiar with, and accept the obligati	ions of, Section 607,05	was authorize 05, Florida Sta	ed by the Jutes.	corporation	s board of directors	s. I hereby accer	ot the appoir	itment as reg	gistered
•	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligation	ions of, Section 607 05	was authorize 05, Florida Sta	ed by the futes.	corporation	s board of directors	s. I hereby accep	ot the appoir	itment as reg	gistered
agent. I a	am familiar with, and accept the obligation		/		corporation'		s. I hereby accep	ot the appoir	ntment as rec	gistered
•	Signature, typed of printed name of registered agent OFFICERS AND	and little if applicable	/	ed Agent sig				DATE		
SIGNATURE	Signature, typed of printed name of registered agent	and little if applicable	(NOTE Registere	ed Agent sig		nen reinstating) ADDITIONS/CH	ANGES TO OF	DATE		
SIGNATURE	Signature, typed of printed name of registered agent OFFICERS AND	and title if applicable	(NOTE: Registere	ed Agent sig		hen reinstating)	ANGES TO OF	DATE	D DIRECTO	RS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND DST CRISANTE, MICHAEL C.	and title if applicable	(NOTE Registere 13 ETE 1.11	ed Agent sig I. TITLE NAME	nature required w	nen reinstating) ADDITIONS/CH	ANGES TO OF	DATE	D DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed of printed name of registered agent OFFICERS AND DST CRISANTE, MICHAEL C. 1216 W WASHINGTON ST	and title if applicable	(NOTE: Registers 13	ed Agent sig I. TITLE NAME STREET ADD	pnature required w	nen reinstating) ADDITIONS/CH	ANGES TO OF	DATE	D DIRECTO	RS IN 12
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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 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 poetiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or page attachment with an endingers, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

Date

FILED

Jan 28, 1999 8:00am

Secretary of State

01-28-1999 90035 015 ***150.00

Daytime Phone #

:R2E034 (11/98)