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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 22, 1999 8:00 am Secretary of State

	999 DIVISION OF CORPORATION		ONS	02-22-1999 90034 040 ***150.00)		
 Corporation 	MENT # 160 NOVES CO.)827					1 (96	(8) (18)6 8()() 38(() (8())	1 11 2 11 1881 9 12	:11 B1611 8:411 B1611 8:	. 8 51 8 1811 (8 8)
						ļ	# 				(4()
Principal Place	e of Business	Mailing Ad	dress				1111	IAN HOND DAHA EDIAA IRIH		ili dibit bibil bibil bi	
		- • •	2.O. BOX 770249								
WINTER GARDEN FL 34787 US		Winter Ga US	WINTER GARDEN FL 34777 US			Ì	DO NOT WRITE IN THIS SPACE				
						3.	Date Inco	rporated or Qualife	ed		
	lace of Business	2a. Mailing	Address	·		4.	FEI Num			 	olied For
21 288 Suite, Apt.	9 5 STREET		pt. #, etc.				<u>59-084</u>	1849		\$8.75 A	Applicable
22		27	<u> </u>					of Status Desired		Fee Rec	quired
City & Stat		City & :	State					Campaign Financin d Contribution	g	\$5:00-1 Added to	
Zip Zip	Country	Zip		Country		8.		oration owes the c	urrent year		
24 3478	37 25 US	A 29		30			Personal	Property Tax.		Yes	□No
	9. Name and Address	of Current Registered A	jent	81	Name	10.	Name ar	d Address of Nev	v Registere	ed Agent	
HELL	LER, HARVEY R.			8,1	_						
135 S. NINTH STREET				82	Street /	Address (P R	O. Box N	umber is Not Acce るなととて	ptable)		
WIN	ter garden fl 34787	,		83							
				84	City					. 85 Zip C	ode
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the aboutfice or registered agent, or both, in the State of Plonds. Such change was authorized by agent. I am familiar with and accept the obligations of 507.0505. Florida Statute					41	NTER	GA	IDEN	<u> </u>	85 Zip C	87
11. Pursuant office or r	to the provinced of Section egistered agent, or both, in	ns 607.0502/and 607.1508, the State of Project. Such	phange was au	es, the above uthorized by	e-named the corpo	corporation pration's bo	ard of dire	inis statement for t ectors. I hereby ac	ept the app	pointment as reg	istered
		the obligations of Section	807.0505, Floi	rida Statutes	•				1-11-	99:	
SIGNATURE	Sippopure paper or fine part of	enter the appenies of the property of	(NOTE:	Registered Ager	t signature re				/~//- DATE		
12.	OF OF	ICARS WIND BIRECTORS		13.			ADDITION	S/CHANGES TO	OFFICERS		
TITLE	PD /	V	□ D€LETE	1.1 TITLE						Change	Addition
NAME	HELLER, JAMES			1.2 NAME		288	97	th STREE	57		
STREET ADDRESS	306 NINTH STREET WINTER GARDEN FL			1.3 STREET	!		TER	-		3478	7
CITY-ST-ZIP TITLE	VDS		DELETE	2.1 TITLE	1-2IF	W/11	<i>/ C / C</i>	CARDEN		Change	Addition
NAME	HELLER, HARVEY R.			2.2 NAME							
STREET ADDRESS	306 NINTH STREET			2.3 STREET	ADDRESS	288	9 [*]	STREE			
CITY-ST-ZIP	WINTER GARDEN FL			2. 4 CITY- S	T-2IP	Winz	ER	GARDEN	, .F.L	3478	
TITLE			☐ DELETE	3.1 TITLE	Ì					☐ Change	☐ Addition
NAME	li.			3.2 NAME					•		
STREET ADDRESS				3.3 STREET 3.4 CITY-S							
CITY-ST-ZIP TITLE			DELETE	4.1 TITLE	1-61					Change	Addition
NAME				4. 2 NAME	Į						
STREET ADDRESS				4.3 STREET	ACCRECE						
CITY-ST-ZIP					ADURESS						
				4.4 CITY-S							e
TITLE			☐ DELETE	5.1 TITLE						Change	Addition
NAME			☐ DELETE	5.1 TITLE 5.2 NAME	T-ZIP					Change	Addition
NAME STREET ADDRESS			DELETE	5.1 TITLE 5.2 NAME 5.3 STREET	T-ZIP ADDRESS				·	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			DELETE DELETE	5.1 TITLE 5.2 NAME	T-ZIP ADDRESS					☐ Change	☐ Addition
NAME STREET ADDRESS				5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S	T-ZIP ADDRESS						

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 be execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or organ attachment with an appears in the receiver of the corporation of the corporatio

6.4 CITY-ST-ZIP

SIGNATURE: X

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-99 (407)

(407) 656-2124

aytime Phone #