## 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 # 223551

1. Corporation Name

ACCHED	THEO HOLDING CO	RPORATION									
Principal Place	e of Business	м	ailing Address					t comple their place from but		POWOL MANGE MANGE W	irais arass saas
918 S. ORANGE			BOX 568529								
ORLANDO FL 32806 ORLANDO FL 32856-8529											
US US									RITE IN THIS	SPACE	
							- 1	Date Incorporated or Qualife	ed		}
								05/11/1959			
2. Principal Pl	lace of Business	2a	. Mailing Address					FEI Number		<b></b>	plied For
21		26						5 <u>9-0868428</u>			t Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5.	Certifcate of Status Desired		\$8.75 A	
22		27								Fee Re	<del></del>
City & State	е	<u> </u>	City & State					Election Campaign Financir	g 🗆	\$5.00	
23		28					<del></del>	Trust Fund Contribution		Added t	o Fees
Zip	Country	<u> </u>	Zip	Cou	ntry			This corporation owes the c	urrent year In	tangible Yes	□No
24	25	29		30	,			Personal Property Tax.  Name and Address of Nev	Banistarad		
	9. Name and Address	of Current Regis	stered Agent		81	Name .	10	Manie and Address of Net	Registered	Agent	
SNO	)W, DEBORAH A					λi	EBOR	LAT WONZ HA	LAD_		
	S ORANGE AVE				82 Street Address (P.O. Box Number is Not Acceptable)					ļ	
ORLANDO FL 32806				918 SOUTH ORANGE AVENUE				ئ			
OND	ANDO I E SEGOO				83						
					84	City			FL		Code
	to the provisions of Section				<u> </u>	O	PLA	NDO			206
		s 607.0502 and t	507 1508. Florida Siatu	tes, the at	pove.		poration	submits this statement for t	rie purpose o	i changing its	registered
office or re	rogistered agent or both in	the State of Flori	da. Such change Was :	authorized	lDVľ	he corporati	ion's boa	ard of directors. I hereby ac	cept life appo	miniment as re	gistered
office or re agent. I a	registered agent, or both, in familiar with, and accept	the State of Flori	f, Section 607.0505, Fl	autnorized orida Stati	utes.	ne corporati	ion s poa	ard of directors. I nereby ac	s /s	intment as re	gistered
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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 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE ALLONA

STREET ADDRESS

CITY-ST-ZIP

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** Jun 07, 1999 8:00 am

**Secretary of State** 

06-07-1999 90011 004 \*\*\*550.00

CR2E034 (11/98)