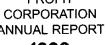
FILED Feb 20, 1999 8:00 am Secretary of State

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

PROFIT **CORPORATION** ANNUAL REPORT





FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

•	1999 DIVISION OF CORPORATIONS					02-20-1999 90162 009 ***150.00			
DOCUN 1. Corporation	MENT # 29890	7			~~				
Principal Place of Business Mailing Address									
751 NORTH MIL		751 NORTH MILLS STREET ORLANDO FL 32803							
ORLANDO FL 3	28U3	UNLANDO FL 32003				DO NOT WRITE IN THIS SPA	CE		
						3. Date Incorporated or Qualifed 11/16/1965			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		ied For	
21		26				59-1147948		Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	Fee Req		
City & State	e	City & State				- 11	5.00 N	•	
23		28		unto.		Tradit dila dollara	Added to	rees	
Zip ──	Country	Zip	_	intry		8. This corporation owes the current year Intangit Personal Property Tax.		□No	
24	9. Name and Address of Cur	rent Registered Agent	30	Τ		10. Name and Address of New Registered Age			
	3. Haille and Address of Cur	Terri Registerea Agent		81	Name	,			
WARD,HARRY C. JR				82	Street Addr	ress (P.O. Box Number is Not Acceptable)			
	EUCLID AVE.					ess (F.O. Box Number to Not Acceptable)			
ORLA	ANDO FL 32801					1			
				84	City	 8	Zip Co	ode	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a					-	FL "	1		
office or r	egistered agent, or both, in the Sta m familiar with, and accept the ob	ate of Florida. Such change wa	s autnorized	ו עם ם	the corporation	on's board of directors. Thereby accept the appointme	nt as regi	stered	
SIGNATURE	Signature, typed or printed name of registered			i Agent	signature require	ADDITIONS/CHANGES TO OFFICERS AND D	PECTOR	PC IN 12	
12.		AND DIRECTORS DELETE	13. 1.1 Ti	me			Change	Addition	
TITLE	PD Ward,Ferris D.	- Dette ic	1.2 N			_	Ū	_	
NAME OTDEET ADDRESS	1700 ANTIGUA DR.				ADDRESS				
STREET ADDRESS			TY-ST	i			}		
CITY-ST-ZIP TITLE			TITLE			Change	Addition		
NAME	WARD JR., F.D.		22 N	AME					
STREET ADDRESS	4957 REGINALD RD.		2.3 \$	TREET	ADDRESS	z.			
CITY-ST-ZIP	ORLANDO FL		2.40	CITY-ST	T-ZIP				
TITLE		☐ DELETE	3.1 TI			ن.	Change	- Addition	
NAME			3.2 N					\	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		☐ DELETE	3.4. C	CITY-SI	T-ZIP		Change	Addition	
TITLE		C OLLL		NAME					
NAME STREET ADDRESS					ADDRESS			ļ	
CITY-ST-ZIP				ITY-ST					
TITLE		☐ DELETE	5.1 Ti				Change	Addition	
NAME			5.2 N	IAME				J	
STREET ADDRESS	,				ADDRESS				
CITY-ST-ZIP				TY-ST	r-ZiP	·	Chan	☐ Addition	
TITLE		☐ DELETE				Ц	Change	Addition	
NAME				AME	ADDDEED				
STREET ADDRESS					ADDRESS			}	
CITY-ST-ZIP			■ 6.4 C	TY-ST	1-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 Block 12 or Block 13 if changes, op on an attachment with an asidness, with all other like empowered.

SIGNATURE: