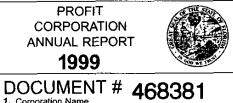
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 12, 1999 8:00 am Secretary of State

05-12-1999 90002 043 ***150.00

E, L. MO	DYSON, INC.										
Principal Place	e of Business	Ma	ailing Address	-					Atalt Bibli Atali	AINSI MINII SANI	
400 NO CHURCH ST PO BOX 420159 SUITE 108 KISSIMMEE FL 34742 US US								DO NOT WRITE IN THIS SPACE			
US								3. Date Incorporated or Qualifed		_	
								01/22/1975			
2. Principal Pl	lace of Business	2a.	Mailing Address					4. FEI Number	Ap	plied For	
21		26	_					59-1564165	No	t Applicable	
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.					5. Certifcate of Status Desired	\$8.75 / Fee Re		
City & State	<u> </u>	- 12'	City & State					6. Election Campaign Financing	\$5.00	May Be	
23	~	28	, -					Trust Fund Contribution	Added 1	*	
Zip	Country	1201	Zip	~ Cour	itry.			-8This corporation owes the current year fr	ntangible		
24	25 29 30			30	1			Personal Property Tax.	Yes	□No	
	9. Name and Address of Curren		tered Agent	1991				10. Name and Address of New Registered	Agent		
		<u> </u>			81	Name					
	'SON, EUGENE L S. DILLINGHAM AVE			}	82	Street	Addres	ss (P.O. Box Number is Not Acceptable)			
	SIMMEE FL 34741			-	83				_		
,	7 · · · · · · · · · · · · · · · · · · ·									_ :	
					84	City		FI	85 Zip (Code	
office of reagent. I as	egistered agent, or both in the State in familiar with, and accept the obligation of the state of registered agent in the state of r			: Registered /				when reinstating) BATE		77.	
12.	OFFICERS AN	D DIRE		13.				ADDITIONS/CHANGES TO OFFICERS A			
TITLE	P		☐ DELETE	1,1 TITI	LΕ				Change	☐ Addition	
NAME	MOYSON, EUGENE L			1.2 NAJ	ΜE		ļ			l	
STREET ADDRESS	702 SOUTH DILLINGHAM AVE			1.3 STF	REET	r address					
CITY+ST-ZIP	KISSIMMEE FL 34741			1.4 CIT	Y-S1	T-ZIP				□ A 1490 -	
TITLE	ST DELETE			2.1 TIT	2.1 TITLE				Change	☐ Addition	
NAME	MOYSON, MARYLOU			2.2 NA	ME		ļ			ļ	
STREET ADDRESS	702 SOUTH DILLINGHAM AVE			2.3 ST9	REET	FADDRESS					
CITY-ST-ZIP	KISSIMMEE FL 34741			2. 4 CIT		T-ZIP				- Addition	
TITLE			☐ DELETE	3.1 TiTI			-		Change	☐ Addition	
NAME (3.2 NA/							
STREET ADDRESS				3 3 STI	REET	FADDRESS					
CITY-ST-ZIP				3.4. CIT		T-ZIP	<u> </u>		Change	Addition	
TITLE			☐ DELETE	4.1 TITI					☐ Change	□ Modition	
NAME				4. 2 NA							
STREET ADDRESS						FADORESS					
CITY-ST-ZIP			□ or ere	4.4 CIT		T-ZIP	ļ		Chance	Addition	
TITLE			☐ DELETE	5.1 TITI					☐ Change	☐ Addition	
NAME	,			5.2 NAJ			l				
STREET ADDRESS	`					TADORESS					
CITY-ST-ZIP			(7 ac. exc	5.4 CIT		T-ZIP			Change	Addition	
TITLE			☐ DELETE	6.1 TITI					□ change	☐ vaginou	
NAME				6.2 NA	WE		1			1	

CITY-ST-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 changed or or on an attacyment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR