	PROFIT	FEE AFTER		ADDU.UU			
CO	RPORATION UAL REPORT		Katherin Secretary DIVISION OF C	e Harris of State	May 04, 199 Secretary		
	1999				05-04-1999 90107 011 ***150.00		
DOCU		3084					
	EMENT AND ACCO	UNTING SERVIC	ES, INCORPORA	TED			
Principal Pla	ce of Business	Maili	ing Address		I SERVICE EVENT AND A SUBAR	REF REAL REAL REAL REAL	I REGULERE
355 COTTONWOOD DR. 3855 COTTONWOOD DR. TUSVILLE FL 32780 TITUSVILLE FL 32780				DO NOT WRITE IN	THIS SPACE		
					3. Date Incorporated or Qualifed 08/19/1975		
2. Principal I	Place of Business	2a. N	Mailing Address		4. FEI Number	Арр	lied For
ī		26			59-1618012	Not \$8,75 Ad	Applicable
Suite, Apt	t. #, etc.	27	Suite, Apt. #, etc.		5. Certifcate of Status Desired	<b>\$0.75</b> A	
City & Sta	ate	28	City & State	·	6. Election Campaign Financing	\$5.00 M Added to	
Zip 4	Country	y Z	Žip [.	Country 30	<ol> <li>This corporation owes the current year Personal Property Tax.</li> </ol>		No
·I		ss of Current Registe			10. Name and Address of New Registe	ered Agent	
ног	STE, CHARLES L			81 Name			
	5 COTTONWOOD DR.			82 Street Add	ress (P.O. Box Number is Not Acceptable)		
TITU	ISVILLE FL 32780			83			
				84 City		<b>85</b> Zip C	ode
LA Durauan	t to the provisions of Sout	tions 607 0502 and 607	1508 Florida Statute	- the phone named app	paration submits this statement for the DUFDO	FL	registered
office or	registered agent of both	in the State of Florida	Such change was au	s, the above-named cor	poration submits this statement for the purpor ion's board of directors. I hereby accept the a	FL	registered
office or agent.	registered agent, or both am familiar with, and acco	, in the State of Florida. ept the obligations of, S	Such change was au Section 607.0505, Flori	s, the above-named cor thorized by the corporat da Statutes.	poration submits this statement for the purposion's board of directors. I hereby accept the a	FL.   se of changing its r appointment as reg	registered
office or agent. I	registered agent, or both am familiar with, and acco Signature, typed or printed name	, in the State of Florida. ept the obligations of, S of registered agent and title if a	pplicable. (NOTE:	s, the above-named cor	poration submits this statement for the purposion's board of directors. I hereby accept the a ed when reinstating) DAT	FL   se of changing its r appointment as reg	registered listered
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indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as in hade under dain, that rain 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. GNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered. Add 5/99 Add 7-46 9-755 Date Date Destine Phone #

SIGNATURE:

A/25/99 Date

407-169-7550 Daytime Phone #