COF	PROFIT RPORATION UAL REPORT 1999		R MAY 1ST IS \$550 FLORIDA DEPARTMENT Katherine Harr Secretary of State DIVISION OF CORPOR		OF STATE fis	FIL Mar 11, 19 Secretary 03-11-1999 9025	999 8:00 of Sta	te
	MENT # 62	23451				_		
1. Corporatio	IALL CONSTRUCT							
	ALL CONSTITUT							
Principal Place of Business Mailing Address							81811 A1811 \$1911 \$1911 \$1811 A1	
717 S RIO GRANDE AVE. 1717 S RIO GRANDE AVE. DRLANDO FL 32805-4444 ORLANDO FL 32805-4444						DO NOT WRITE IN	THIS SPACE	
						3. Date Incorporated or Qualifed		
						05/31/1979		
- '	Place of Business	2a. 26	Mailing Address			4. FEI Number 59-1909919		Applicable
1 Suite, Apt	. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	
2 City & Sta	ite	27	City & State			6. Election Campaign Financing	\$5.00	May Be
3 Zip	Count	28	Zip		ntry	Trust Fund Contribution 8. This corporation owes the current year		
25 29 9. Name and Address of Current Registered A				30		Personal Property Tax. Yes No 10. Name and Address of New Registered Agent		
	9. Name and Addr	ess of current regist	ered Agent		81 Name	10. Hand and Address of New Regio		
	ALL, JOLENE S				82 Street Add	ress (P.O. Box Number is Not Acceptable)		
	6 SUN BITTERN COL	JRT						
YYIN	idermere fl				83			
					1 1			
					84 City		FL 85 Zip C	Code
office or	t to the provisions of Sec registered agent, or both am familiar with, and acc	in the State of Florida	a. Such change was au	thorized	bove-named cor	poration submits this statement for the purp ion's board of directors. I hereby accept the	FL	registered
office or agent. I	registered agent, or both am familiar with, and acc	 in the State of Florida cept the obligations of, 	a. Such change was au Section 607.0505, Flori	thorize da Stat	bove-named cor	ion's board of directors. I hereby accept the	FL	registered
office or agent. I SIGNATURE	registered agent, or both am familiar with, and acc Signature, typed or printed nam	 in the State of Florida cept the obligations of, 	a. Such change was au Section 607.0505, Flori applicable. (NOTE: 1 CTORS	thorized da Stat Registered 13.	bove-named corporat by the corporat utes.	ion's board of directors. I hereby accept the	FL provide the second secon	registered gistered RS IN 12
office or agent. I SIGNATURE 12.	registered agent, or both am familiar with, and acc Signature, typed or printed nam	n, in the State of Florida pept the obligations of, e of registered agent and title if DFFICERS AND DIREC	a. Such change was au Section 607.0505, Flori applicable. (NOTE: I	thorized da Stat Registered 13.	bove-named corp by the corporat utes. Agent signature requir TLE	ed when reinstating)	FL because of changing its appointment as req	registered gistered
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4. 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 new appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

FICER OR DIRECTOR

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SIGNATURE: <u>Jolene L. Small</u>

3/10/99 407/422-6627 Date DaytimpPhone #