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	OF WE	DIVISIO	N OF CORPOR	CATIONS	02-20-1999 9012	20 023 130.00
DOCUI 1. Corporation	MENT Name	# 631944 AL INVESTORS, IN					:
London		E ittrebrond, ii	10.			I KANAKAN MELANA DELANG AKANAN TRAKA MENUL	ALAH ARANG BURKI ARANG BURKI BURKI ANAH ANAH
Principal Place	e of Business		Mailing Address			4 100110 B1100 11105 11010 10111 B1B11	0101 0101+ 01031 01911 0 FB31 01011 3 FB11 1001
1216 EASTIN AVE 1216 EASTIN AVE							
ORLANDO FL 32804 ORLANDO FL 3280			,		20 107 1107		
US			US			3. Date Incorporated or Qualified	E IN THIS SPACE
						08/06/1979	
Principal Place of Business 2a. Mailing Address				.s		4. FEI Number	Applied For
21			26		59-1969463	Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			- \$8.75 Additional	
22			27			5. Certifcate of Status Desired	Fee Required
City & State	e		City & State	City & State		6. Election Campaign Financing	□ \$5.00 May Be
23			28			Trust Fund Contribution	Added to Fees
Zip	г	Country	Zip		intry	8. This corporation owes the currer	
24		25	29]	30	1	Personal Property Tax. 10. Name and Address of New Re	☑Yes □No
	9. Name a	and Address of Curren	it Registered Agent		81 Name	10. Name and Address of New Re	gistered Agent
GUEI	RNSEY, JOS	SEPH S					
	EASTIN AV				82 Street A	ddress (P.O. Box Number is Not Acceptab	ile)
	ANDO FL 32				83		
					84 City		FL 85 Zip Code
11, Pursuant	to the provision	ons of Sections 607.050	2 and 607.1508, Florida	Statutes, the a	bove-named c	orporation submits this statement for the p	urpose of changing its registered
office or re	anc harateina	at as bath in the Ctata					
agent, La	m familiar witl	h, or both, in the State h, and accept the obliga	of Florida, Such change itions of, Section 607.05	was authorized	1 by the comor	ation's board of directors. I hereby accept	the appointment as registered
agent. I a	m familiar witl	h, and accept the obliga	of Florida, Such change itions of, Section 607.056	was authorized	1 by the comor	ation's board of directors. I hereby accept	the appointment as registered
agent. I a	m familiar witl	h, and accept the obliga or printed name of registered ager	nt and title if applicable.	was authorize 05, Florida Stat (NOTE: Registered	d by the corpor utes.	ation's board of directors. I hereby accept	the appointment as registered
agent. I as SIGNATURE 12.	m familiar with	h, and accept the obliga or printed name of registered ager	nt and title if applicable.	(NOTE: Registered	d by the corporutes.	ation's board of directors. I hereby accept	DATE CERS AND DIRECTORS IN 12
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agent. I as SIGNATURE 12. TITLE NAME	m familiar with Signature, typed of PD GUERNSE	h, and accept the obligation or printed name of registered age OFFICERS AN Y, JOSEPH S	nt and title if applicable.	(NOTE: Registered (NOTE: Registered 13. ETE 1.1 TI 12 N	d by the corpor utes. Agent signature requires.	ation's board of directors. I hereby accept	DATE CERS AND DIRECTORS IN 12
agent. I at SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed of PD GUERNSE 1216 EAS	or printed name of registered age OFFICERS AN Y, JOSEPH S TIN AVENUE	nt and title if applicable.	(NOTE: Registered (NOTE: Registered 13. ETE 1.1 TI 1.2 N 1.3 S	d by the corporutes. Agent signature requires TLE AME TREET ADDRESS	ation's board of directors. I hereby accept	DATE CERS AND DIRECTORS IN 12
agent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed of PD GUERNSE 1216 EAS ORLANDO	or printed name of registered age OFFICERS AN Y, JOSEPH S TIN AVENUE	itions of, Section 607.056 nt and title if applicable. ID DIRECTORS DELE	(NOTE: Registered (NOTE: Registered 13. ETE 1.1 TI 1.2 N 1.3 S 1.4 C	d by the corporutes. Agent signature requires TLE AME TREET ADDRESS TY-ST-ZIP	ation's board of directors. I hereby accept	DATE CERS AND DIRECTORS IN 12 Change Addition
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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 on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS