FILED May 07, 1999 8:00 am Secretary of State

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

DOCU 1. Corporation	MENT # 671954						
1 ,	MANAGEMENT SERVICES, IN	IC.					
11222 11					1 100010 01111 18001 11018 18101 0111 0	(A)	1881 B180 H81
Principal Plac	e of Business	Mailing Address				)W1 81811 91917 91811 81914 8	18() 6191( 199)
3004 SILVER STAR RD 3004 SILVER STA							
ORLANDO FL 32808 ORLANDO FL 32800					DO NOT WRITE I	IN THIS SDACE	
US		US			3. Date Incorporated or Qualified	IN THIS SPACE	
					05/29/1980		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	<u> </u>	plied For	
Suite, Apt. #, etc.		26 Suite Ant # eta	Suite, Apt. #, etc.		59-2000473		t Applicable
<u> </u>		27		5. Certifcate of Status Desired	Fee Re		
City & State		City & State		6. Election Campaign Financing	\$5.00		
23	28				Trust Fund Contribution	Added to	
Zip	Country Zip C			/	8. This corporation owes the current	year Intangible	
24	25 29 30				Personal Property Tax.		□No
Name and Address of Current Registered Agent					10. Name and Address of New Regi	stered Agent	
	D CHARLES AS		81	Name			
HOOD, CHARLES M.				Street Add	fress (P.O. Box Number is Not Acceptable	)	
2120 N. ORANGE BLOSSOM TRAIL							
ORLANDO FL 32804			83				
			84	City		85 Zip C	ode
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above						FL   C	registered
office or r	egistered agent, or both, in the State o	f Florida. Such change was au	thorized by	the corporat	poration submits this statement for the pur tion's board of directors. I hereby accept th	pose of changing its le appointment as reç	registered gistered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flori	da Statutes	i.			
SIGNATURE	Signature, typed or printed name of registered agent	and title if anylicable (NOTE: I	Pagistered Age	nt signature regue	red when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS			. K Olgridioro (oqui	ADDITIONS/CHANGES TO OFFICE		RS IN 12
TITLE	PD DELETE		1.1 TITLE			☐ Change	☐ Addition
NAME	HOOD, CHARLES M. III		1.2 NAME				
STREET ADDRESS	2120 N ORANGE BLOSSOM TR		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-S	T-ZIP			
TITLE	STD DELETE		2.1 TITLE			Change	Addition Addition
NAME	HOOD,JOHN E.		2.2 NAME				
STREET ADDRESS			2.3 STREE	T ADDRESS	•		
CITY-ST-ZIP	ORLANDO FL		2. 4 CITY-5	ST-ZIP			
TITLE			3.1 TITLE			Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP	D OFFETE		3.4. CITY- 8	ST-ZIP		Channa -	☐ Addition
TITLE	DELETE		4.1 TITLE			☐ Change	Audition
NAME			4. 2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S 5.1 TITLE	i-ZiP		☐ Change	Addition
NAME		L, 5000,0	5.2 NAME			پوست بى	
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			5.4 CITY-S				
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME			·	

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)