

FILE NOW: FILING FEE IS \$61.25

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Feb 18, 1999 8:00am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 766842					
1. Corporation Name 4700 CONWAY BUILDING, INC.					
Principal Place of Business C/O ANTHONY FRILINGOS 4755 S. CONWAY ROAD ORLANDO FL 32812			Mailing Address C/O ANTHONY FRILINGOS 4755 S. CONWAY ROAD ORLANDO FL 32812		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/04/1983	
21 Suite, Apt. #, etc.	26	Suite, Apt. #, etc.		4. FEI Number 59-2676743	
22 City & State	27	City & State		Applied For ☐ Not Applicable	
23 Zip	28	Zip		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24 Country	29	Country		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent DANIELS, JAMES 4759 S CONWAY ROAD ORLANDO FL 32812				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 Zip Code FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
☐ DELETE		☐ Change ☐ Addition	
TITLE	PMD	1.1 TITLE	
NAME	DANIELS, JIM	1.2 NAME	
STREET ADDRESS	4759 S CONWAY RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	
NAME	FRILINGOS, ANTHONY	2.2 NAME	
STREET ADDRESS	4755 S CONWAY ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	MAURACIO, JOSE DR	3.2 NAME	
STREET ADDRESS	4759 S CONWAY RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	TESSITORE, JOSEPH	4.2 NAME	
STREET ADDRESS	4763 S CONWAY ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 617, 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-2899

407855-6791

Date

Daytime Phone #

CR2E037 (11/98)