NONPROFIT CORPORATION **ANNUAL REPORT** 

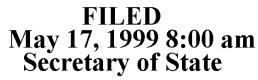
1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Flarris

Secretary of State **DIVISION OF CORPORATIONS** 



05-17-1999 90069 001 \*\*\*\*61.25

DOCU 1. Corporati	IMENT # 768608	3								
PRUPA	C ACTIVITY COMMITTEE E ES, INC.	MPLOYEE RECREATION	IAL			* 5	7 10 1 70155 - 9000	5 5	*	<i>)</i>
Principal Pla	ice of Business	Mailing Address								
901 N LAKE		- ·	N. LAKÉ DESTINY RD. #220.			i (Bair) (Bria Ania) 1910 Ania)	: Di 2011 01915 Jini	r man alay ik	HI AYAN IARI	
STE 220	DEC. 141	P.O. BOX 945901							N 1888 1881	
MAITLAND FL 32751 MAITLAND FL 32794-5901						T TANK THE SERVE WILL LOVIN BUILD BY	KEN NOVI BYDYI BYDI	R OLDSYN DLIBEL OM		
US	•	US							,	
	<u>-</u>							·		_
2. Principal	Place of Business	2a. Mailing Address				3. Date Incorporated or Qualified 05/24/1983				
21		26				<u> </u>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				4. FEI Number 22-2053 189		<del>}</del>	plied For	-
22		City & State						<del></del>	t Applicable	-{
City & Sta		<b>⊢¬</b> '		-		5. Certificate of Status Doslred		\$8.75 / Fee Re		-
23  - Zip	Country	Zip	Cou	ntrv		6. Election Campaign Financing		\$5.00		1
24)	25	·	30	,		Trust Fund Contribution	<b>'</b> 🗆	Added 1	•	1
	9. Name and Address of Curre		- <del></del> -			10. Name and Address of New	Registered			1
				81 Nam	18					
CONNER	, THOMAS E .			82 Stre	et Address	s (P.O. Box Number is Not Accep	stable)			+
	YBREEZE RO		82 Street Addi							1
ORLANDO FL 32808				83						]
				84 City				85 Zip	orte	-{
			Ì				FL	1		1
11. Pursuam	t to the provisions of Sections 617.05	02 and 617.1508, Florida Statuta	s, the al	ove name	ed corpor	ation submits this statement for th	e purpose of	changing its	registered	7
office or agent. i :	to the provisions of Sections 617.05 registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change Was au ations of, Section 612.0502, Flor	uthorized rida Statu	by the co ites.	ubouspiou.	s board of directors. I hereby acc	apt the appoir	iument as re	âlareseo.	
SIGNATURE	16 March 16 18		nei				3/8	199		}
	Signature, arged or printed name of registered ag	ent and title if applicable. (NOTE:		Agent elgnatu	re required w	tion reinstating)	DATE		50 111 45	43
12.		ND DIRECTORS	13.		100	ADDITIONS/CHANGES TO O			Addition	
TITLE	STD Fedele, Tammy	(Moreile	1.1 111		100	EUF, LEHTONEN	$C_{i}$	Change	<b>A</b>	
NAME	AFAE ADMITS AMENDE		1.2 NA		1717	3 ROSE MOSS	LANG	•		
STREET ADORESS	ORLANDO FL 32833			REET ADDRES	spya	JANIN EL 3	مممور		•	
CITY-ST-ZP	D-	☐ DELETE	_	Y-ST-ZP	<u> </u>	CASCASCA	<b>XOU</b> / _	Change	Addition	1 8
TITLE	LENDOIRO, LOURDES	Deteis	2.† TIT		178	EMPLIEUR.	ne C	A CHARLE		
NAME	ARRA OLIMANTED OT			ME , REET ADDRES		The Company	シテ(	(D)	,	
STREET ADDRESS	ORLANDO FL		.1	_	" Oo	136 SUINPTERC	7877	- ,		-
TITLE	PD	X DELETE	3.1 TIT	17-51-ZP	7	Ji I	alado.	Change	Addition	1
NAME	CONNER, TOM	# ****	33 MM		The	to Hyland				\
STREET ADDRESS	AAGO BAVEDCETE DOAD		6	 Reet addres	700	POST Lake PL #	315 (	(D)		1.
CITY-ST-ZIP	ORLANDO FL 32808			ry-st-zip	~ - 70.	Doska FD 32	·			
TITLE	4	DELETE	4.1 111		<del>                                     </del>		· · · · · · · · · · · · · · · · · · ·	Change	Addition	1
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πιÆ		☐ DELETE	61 TITI	Ė	<b>—</b>			Change	Addition	1
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11.1. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 attachingly with an address, with all other like empowered.

SIGNATURE:

3/8/99

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