**PROFIT** CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

| DOCUMENT #         | F63299 |
|--------------------|--------|
| 4. Comoration Name |        |

## **FILED** Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90034 032 \*\*\*150.00

|   |  | Mailing Add<br>7410 ALOMA<br>WINTER PAR | AVE  |                                    |   | DO NOT WRITE IN T  3. Date Incorporated or Qualified  01/15/1982  |                             |            |
|---|--|---|--|------------------------------------|---|---|-----------------------------|------------|
| Principal Place of Business     2a. Mailing Address |  |   |  | 4. FEI Number                      | <del> </del>                                | pplied For  |                             |            |
| 1 Suite, Apt.                                       | #, etc.  | 26 Suite, A                             | Suite, Apt. #, etc.                        |                                    | 59-2167798  5 Certificate of Status Desired | \$8.75  | ot Applicable<br>Additional |            |
| 2   | 27   |   |  |                                    |   | èquired   |                             |            |
| City & Stat   | le .   | City & S                                | late                                       |                                    |   | 6. Election Campaign Financing  |                             | May Be     |
| 3   |  | 28                                      |  | Count                              | <del></del>                                 | Trust Fund Contribution  8. This corporation owes the current year  |                             | 10 1 463   |
| Zip   | Country  | Zip                                     | 30   | _                                  | ,   | Personal Property Tax.  | Yes                         | □No        |
| 4   | 9. Name and Address of Curre                       | 29 Peristered An                        |  | 1                                  | <u> =</u>                                   | 10. Name and Address of New Register  |                             |            |
| <del></del> · · · ·                                 | 9. Name and Address of Cartes                      |   |  | 8                                  | 1 Name                                      |   |                             |            |
| YOU   | ing, joseph  |   |  | 8:                                 | Ctrost /                                    | Address (P.O. Box Number is Not Acceptable)   |                             |            |
| 7413  | 3 OMEGA STREET                                     |   |  | ]°                                 | Street                                      | Codiess (P.O. Box Norriber is Norribophase)   |                             |            |
| WIN   | TER PARK FL 32792                                  |   |  | 8                                  | 3   |   |                             |            |
|   |  |   |  | 8                                  | 4 Cit.                                      |   | 85 Zip                      | Code       |
|   |  |   |  | ] -                                | 1   | F   | • L.                        |            |
| SIGNATURE   | Signature, typed or printed name of registered age | nt and title if applicable.             |  |                                    |   | corporation submits this statement for the purpos-<br>ration's board of directors. I hereby accept the ap-<br>quired when reunstaing)  ADDITIONS/CHANGES TO OFFICERS  | <del></del>                 |            |
| 12.   |  | ID DIRECTORS                            | DELETE                                     | 1.1 TITLE                          |   | ADDITIONS/CLEATED IN C. I. I. S. I. S. I. I. I. S. I. | Change                      | ☐ Addition |
| MTE   | PD<br>  Young, B J                                 | ,                                       |  | 1.2 NAME                           |   |   |                             |            |
| NAME  | LATE CHICAGO CONTENT                               |   |  |                                    | ET ADDRESS                                  |   |                             |            |
| TREET ADORESS                                       | WINTER PARK FL 32792                               |   |  | 1.4 CITY-                          |   |   |                             |            |
| TILE  | WINTER FARK PL 32/32                               |   | DELETE                                     | 2.1 TITUE                          |   |   | ☐ Change                    | ☐ Addition |
| VAME  |  |   |  | 22 NAME                            | :   |   |                             |            |
| TREET ADDRESS                                       |  |   | • •  | 23 STRE                            | ET ADDRESS                                  |   |                             |            |
| TTY-ST-ZIP  | }  |   |  | 2.4 CITY                           | -ST-ZIP                                     |   |                             |            |
| IILE  |  |   | DELETE                                     | 3.1 TITLE                          |   | 7   | Change                      | ☐ Addition |
| <br> ANE ≒ ÷ '                                      |  |   | <del></del>                                | 32 NAME                            |   |   | عەھىتىد                     |            |
| TREET ADDRESS                                       |  |   | ا<br>حــــــــــــــــــــــــــــــــــــ | 3.3 \$TRE                          | ET_ADORESS                                  |   |                             |            |
| TIY-ST-ZIP  |  |   |  | 3.4. CFTY-                         | ST-ZIP                                      |   |                             |            |
| ITLE  | <del> </del>                                       |   | DELETE                                     | 4.1 TITLE                          |   |   | Change                      | Addition   |
| NAME  | 1  |   |  | 4.2 NAM                            | ₌ Ì   |   |                             |            |
|   | į .  |   |  |                                    | - I   |   |                             |            |
| STREET ADDRESS                                      |  |   | ĺ  | 1                                  | ET ADORESS                                  |   |                             |            |
|   |  |   |  | •                                  | ET ADORESS                                  |   |                             |            |
| CITY-ST-ZIP   |  |   | □ DELETE                                   | 4.3 STRE<br>4.4 City-<br>5.1 Title | ETADORESS<br>ST-ZIP                         |   | ☐ Change                    | ☐ Addition |
| STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME      |  |   | □ DELETE                                   | 4.3 STRE<br>4.4 City-              | ETADORESS<br>ST-ZIP                         |   | ☐ Change                    | ☐ Addition |

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CTTY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE REQUIRED

DELETE

697-5566

Addition

Change