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

DOCUMENT # F68752

1. Corporation Name

| incipal Place of Business | Mailing Address |
|---|--|
| WILLIAM FISCHBACH 6 N. TEXAS AVENUE RLANDO FL 32804 | % William Fischbach 926 n. Texas Avenue Orlando Fl 32804 |
| 2. Principal Place of Business | 2a. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 21 | 4 |
| 2 City & State | City & State |

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90087 014 ***150.00



| Principal Place | e of Business | Mailing Address | | | | | | | | |
|--|--|---|---------------------|----------------|---|---|-------------------------------|--------------------------------|-----------------------------|--|
| % WILLIAM FISCHBACH 926 N. TEXAS AVENUE | | % WILLIAM FISCHBACH 926 N. TEXAS AVENUE | | | DO NOT WR | ITE IN THIS S | SPACE | | | |
| ORLANDO FL 3 | 2804 | ORLANDO FL 32804 | 4 | | | DO NOT WRITE IN THIS SPACE | | | | |
| | | | | | | 3. Date Incorporated or Qualifect 02/25/1982 | | | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | | 4. FEI Number | | T_{I} | Applied For | |
| 21 | | 26 | | | | 59-2253886 | | | Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | 5. Certifcate of Status Desired | | \$8.75 Additional Fee Required | | |
| 22 | | 27 | City & State | | | 5.5.6.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5 | | | | |
| | | | Sity & State | | Election Campaign Financing Trust Fund Contribution | | \$5.00 May Be Added to Fees | | | |
| 23 | Country | Zip | Count | | | This corporation owes the current year Intangible | | | | |
| Zip | | | 30 | , | | Personal Property Tax. | | Yes | □No | |
| 24 | 9. Name and Address of Curre | 29 | 130 | | _ | 10. Name and Address of New | | | | |
| | 9. Name and Address of Curre | it Kegistered Agent | | 81 | Name | 10. Hame and Addition of Non | . co gio io i o | | - | |
| FISC | HBACH, WILLIAM | | | | | | | | | |
| 926 N. TEXAS AVENUE | | | | 82 | Street A | ddress (P.O. Box Number is Not Accep | able) | | | |
| ORL | ANDO FL 32804 | | | 83 | | | | | | |
| | | | | 84 | City | | FL | 85 Zi | Code | |
| office or re | egistered agent, or both, in the State | of Florida. Such change was a | utnorizea | ι by τ | named cohe corpor | orporation submits this statement for the ation's board of directors. I hereby acceptable | purpose of c pt the appoin | hanging tment as | ts registered registered | |
| agent. I ai | m familiar with, and accept the obliga | ations of, Section 607.0505, Fig | onda Stati | ies. | | | | | | |
| | Signature, typed or printed name of registered age | | | Agent | signature req | uired when reinstating) | DATE | | 5000 11 40 | |
| 12. | | ND DIRECTORS | 13. | | | ADDITIONS/CHANGES TO O | FICERS AND | | | |
| TITLE | VT | ☐ DELETE | 1.1 TIT | | | | | [] Chang | e | |
| NAME | FISCHBACH, DEBORAH | | 1.2 NAME | |) | | | | \$ | |
| STREET ADDRESS | 926 N. TEXAS AVENUE | | 1.3 ST | REET | ADDRESS | | | | ì | |
| CITY-ST-ZIP | ORLANDO, FL 00000 | | 1.4 CIT | | - ZIP | | | <u> </u> | - C Addition | |
| TITLE | PDS | ☐ DELETE | DELETE 2.1 TIT | | | | | Chang | e 🗌 Addition | |
| NAME | 1100/10/10/11 | | 2.2 NA | ME | | | | | | |
| STREET ADDRESS | 926 N. TEXAS AVENUE | 926 N. TEXAS AVENUE 23 | | STREET ADDRESS | | | | | ł | |
| CITY-ST-ZIP | ORLANDO, FL 00000 2.440 | | 2. 4 CI | TY-ST | - ZIP | | | | | |
| TITLE | DELETE 3.1 | | 3.1 TIT | Œ | | | | Chang | e 🗌 Addition | |
| NAME | | | 3.2 NA | ME | | | | | | |
| STREET ADDRESS | | | 3.3 ST | REET | ADDRESS | | | | | |
| CITY-ST-ZIP | 3.4. | | 3.4. CI | TY-S1 | - ZIP | | | | | |
| TITLE | ☐ DELETE 4.1 | | 4.1 TII | 4.1 TITLE | | | | Chang | e 🗌 Addition | |
| NAME | | | 4. 2 N | AME | | | | | | |
| STREET ADDRESS | | | 4.3 ST | REET | ADDRESS | | | | 1 | |
| CITY-ST-ZIP | | | 4.4 CIT | TY-ST | -ZIP | | | | | |
| TITLE | | ☐ DELETE | 5.1 TIT | LE | | | | Chang | e 🗌 Addition | |
| NAME | | | 5.2 NA | ME | 1 | | | | (| |
| STREET ADDRESS | | • | 5.3 ST | REET | ADDRESS | | | | | |
| CITY-ST-ZIP | | | 5.4 CI | TY-ST | -ZIP | | | | | |
| TITLE | | ☐ DELETE | 6.1 TIT | LE. | | | | ☐ Chang | e 🔲 Addition | |
| NAME | | | 6.2 NA | ME | | | | | | |
| | | | 6.3 ST | REFT | ADDRESS | | | | | |
| STREET ADDRESS 0. | | J 01 | | , _ 5, _ 50 | | | | İ | | |

the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information trate and that my signature shall have the same legal effect as if made under oath; that I am an execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied with this filing does not qualify indicated on this annual report or supplemental annual report is true and officer or director of the corporation or the receiver or trustee empowered Block 12 or Block 13 if changed, or of an artichment with an address.

SIGNATURE:

OR DIRECTOR

407-299-2136