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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90041 014 \*\*\*150.00

	1999				DIVISION OF	CORPOR	ATIC	ONS	111	05-17-1	.999 9004	1 014 ***1	50.00	
	MENT	# <b>F7</b> 9	230	<u> </u>					ł					
MELIX C	ORPORA	TION							[					
Principal Place	of Busines	5		Mailing Ad	dress			-	7 '	10 MIL	300 (III) VB:: BI	<b>8</b> 14 <b>8</b> 1841 81814 8181	W	
9701 CHESTNUT RIDGE DR. 200 S ORANGE AVE									!					
WINDERMERE FL 34786				SUITE 2300 ORLANDO FL 32801-3432						DO NOT	WRITE IN T	HIS SPACE		
US				US US	FL 32001-3432				3 Date I	ncorporated or Qua		1110 01 7102		7
				•						4/1982				-
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Suite, Apt.		<u> </u>			Apt. #, etc.				5 Certifo	cate of Status Desir	ed 🗆		Additional	
22				27					J. Cortino				Required	_
City & State				City & State					I	on Campaign Finan	cing		May Be	
	MERE,		2	8						Fund Contribution			I to Fees	-
Zip		Country	-	Zip		Cou	ntry		1	orporation owes the	current year	r Intangible ☐ Yes	MNo	
<sup>24</sup> 34786	0 N	and Address		gistaged A	nont	30	Ι	·		nal Property Tax. and Address of N	lew Register			$\dashv$
	9. Name	and Address	OI CUITAILLIVE	Bistered Y	9011		81	Name	10. 14	<u> </u>				7
AGC	ÇO							<del></del>		N N. A				4
200			82 Street Addres			x Number is Not Ac	ceptable)							
SUITE 2300							83						-	٦
ORL	ando fl	32801								<del> </del>		05 75	Code	$\dashv$
							84	City			F	<b>-L</b> 85 Zip	Code	
11. Pursuant	to the provis	sions of Section	s 607.0502 an	d 607.1508	, Florida Statu	tes, the a	bove	-named cor	poration subm	its this statement fo	r the purpose	e of changing i	s registered	٦
office or r	egistered ag m familiar w	ent, or both, in ith, and accept	the State of Fl the obligations	orida. Such of, Section	change was a 607.0505, Flo	authorizeo orida Stat	i by t utes.	he corporati	ion's board of	directors. I hereby	accept the ap	pointment as i	egistered	
SIGNATURE														
OIOIMITORE	Signature, types	or printed name of re			<u>`                                 </u>		Agent	signature requir	ed when reinstating		DATE		ODC IN 12	<b>⊣</b> ĝ
12.	\mathcal{D}T	OFFI	CERS AND D	IRECTORS	☐ DELETE	13.			ADDITI	ONS/CHANGES TO	OFFICERS	Change		<u>_</u>
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STREET ADDRESS	1					5.50								- 1

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 or an appear with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Jefferson R. Voss (407)876-5432