PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90058 035 ***150.00

DOCUMENT #	F96000003691
1 Comprehen Name	

Principal Place	ON INC. OF DELAWARE	Mailing Address				
230 Indian PO Kissimmee Fl		230 INDIAN POINT CIRCLE KISSIMMEE FL 34748		DO NOT WRITE IN TH	IS SPACE	7
				3. Date Incorporated or Qualifed 07/22/1996		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number 52-1953461	Applied For Not Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.			\$8.75 Additional	1
22		27		5. Certificate of Status Desired	Fee Required	
City & Stat	8	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Zip	Country	29 30	Country	This corporation owes the current year Personal Property Tax.	Yes No	
**1	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registers	d Agent	4
		ONY ROSSELL	82 Street Addre	STLEF HARPERS SS (P.O. Box Number is Not Acceptable)		-{
	HENMORE ST ANDO FL 32812 230 I	NDIAN POINT CI	R. 83 21.	3 /MDIAW POINT	riecle	-
) One	KISSIA	1HEE FL.3494				_
1	•	- , ,	84 City 1/2 /	SSIMMEE F		
11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State of	and 607.1508, Florida Statutes, f Florida, Such change was authors of Section 607.0505, Florida	the above-named corporation	oration submits this statement for the purpose in stoard of directors. I hereby accept the app	of changing its registered continent as registered.	-
SIGNATURE	ANTHONY ROSS	ELLi	Monther 1	10 Sell - 4-1	2-99_	
1	Signature, typed or printed name of registered agent a	and bile if applicable. (NOTE: Reg	stered Agent signature required	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	- (<u>8</u>
12	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO CITICE TO	☐ Change ☐ Additio	CR2E034 (11/98)
TITLE 1 NAME	HARPERS, DETLEF	۵-2-2,13	1.2 NAME		•	×
STREET ADDRESS	230 INDIAN POINT CIRCLE		13 STREET ADORESS			
CITY-ST-ZIP	KISSIMMEE FL 34746		1.4 CITY-ST-ZIP			_ <u>&</u>
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			2.3 STREET ADDRESS			•
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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 suppliementat 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 of truetee 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 fan againess, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 C/TY-ST-ZIP

SIGNATURE: _

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE

☐ Change

☐ Addition