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

PROFIT CORPORATION AMNUAL REPORT 1999

SIGNATURE.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary or State DIVISION OF CORPORATIONS

DOCUMENT # F9800004585 Jurocention Name

THE SPECIALIST OF ORLANDO, INC.

Aug 19, 1999 8:00 am Secretary of State

08-19-1999 90012 019 ***150.00

Principal Plac	se of Business	Mailing Address		1 100 640 0 1010 1010 1 1844 0010 1011 0011 001	4114 #8114 #1 46 1 61401 16181 8144 18 3 1
	2870 FORSYTH RD. #1214 2870 FORSYTH RD. #1214 ORLANDO FL 32792 ORLANDO FL 32792				
				יו או פדוקשי דפא ספ	HIS SPACE
				Date Incorporated or Qualified	
i. Printidel F	Pace A Business	1 3a. Mailing Address		08/12/1998	
II (())	I Cox Colot	26 Adding Address	PAME!	4, FEI Number 88-0397773	Applied For
Salty Add	≠, etc.	Sitte Apt. #etc			Not Applicable \$8.75 Additional
22	Λ	27		Certificate of Status Desired	Fee Required
20 V/	Edo, Florida	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May 3e Added to Fees
ー <u>、</u> ズブ』	1105 - Country & A	Zip	Country	3. This ocrocration owes the current year	
	10 - 1251 VOF	29	30	Personal Procerty Tax.	☐ Yes 🔀 No
	7. Name and Address of Currer	it Registered Agent	31! Name	16). Name and Address of New Registers	ad Agent
FINL	AY, CRAIG		31 Name	TINIAN CRAIR	,
	- Forsyth ad		32 Street Acc	PASS (P.Q. Box Number & Not Acceptable)	10-
~ORb	4HDO-FL-32792		33	Und and En	UKI
				•	
			84 City (-)	JIEDO F	85 22 0007 (05)
11 Pursuant t office on re	to the provisions of Sections E07.050 edistered agent, or both, in the State	2 and 407 1509, Florida Statu	ites, the above-named corp	poration submits this statement for the purpose	of changing its registered
agent. I an	n familiar with, and accept the obliga-	tions of, Section 607.0505, FI	orida Statutes.	poration submits this statement for the purpose on's board of directors. I hereby accept the app	bintmedt as registered
26.39 - 1≪= .	Bignatura l'yseu or printed name or larger eu ligen		COCOLA	7 110 PQ 91	1(149 - 1-1
1.7		DIRECTORS \	E: Registered Agent signature require	ADDITIONS/CHANGES TO OFFICERS	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
77.5	PST	DELETE	1.1 TITLE	ST. :	Change MAddition 7
	HORNER, KELLEE		1.2 NAME	WEHE, FINIAL	Change Dandition C S C C C C C C C C C C C C C C C C C
	700 MELRESE RD.	•	1.3 STREET ADDRESS	DIA COX COJET	_ (03
	KNOXVILLE TN 37918		1.4 CITY-ST-ZIP	VIED 17 327109	325
07.3		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition ○
JAME SMALL			2.2 NAME		
STREET ACCRESS			2.3 STREET ADDRESS		_
जग.≘ । तम्.≘		☐ DELETE	2.4 CITY-ST-ZIP		
'ANE			3.1 TITLE 3.2 NAME		Change Addition
18839064 T35978			3.2 NAME 3.3 STREET ADDRESS		
פוצ דג ארון:			34 CITY-ST-ZIP	/	
TATLE		☐ DELETE	4.1 TITLE	\sim	☐ Change ☐ Addition
31/14.			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	DE IL XII A	
377-31-2P			4.4 CITY-ST-ZIP	1 -11-101	<i>\</i>
TRUE -	and the same says of the	□ DELETE	5.1 TITLE	0 01 0/10/	Change Addition
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TPEET 1003/ESS	* · · · · · · · · · · · · · · · · · · ·	1	53 STREET ADDRESS	411	(A)
<u>레스타라 ()</u> 역교		☐ DELETE	5 4 CITY-ST-ZIP 6 1 TITLE		
i Ala⊊		- 546C1C	62 NAME	X	. Change
			1		

64 CITY-ST-ZIP

11. I dereby 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 of the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my fname appears in Slock 12 or Slock 13 if changed, or di an altachment with an address, with all other like empowered.

After speaking to your phone advisors and waiting for the check to clear, I have decided to resubmit the application.

Here is a copy of the original. I have submitted it with a check dated back to the original check date.

If you have any questions please feel free to give me a call at (407)312-5501.

Thank you,

Craig Finlay