## 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 # F9800005867

T. R. PERKINS & ASSOCIATES INC.

## FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90060 011 \*\*\*150.00



e of Business	Mailing Address	i					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NTE DR., STE. 108-344			3-344				
ALTAMONTE SPRINGS FL 32701		INGS FL 32701			DO NOT WRITE IN THIS	SPACE	
ace of Business	2a. Mailing Addr	ess			4. FEI Number	$ \Box$	Applied For
	—				34-1637496		Not Applicable
#, etc.		, etc.				\$8.7	5 Additional
	27				5. Certificate of Status Desired	Fee	Required
e	City & State				6. Election Campaign Financing	\$5.0	0 May Be
	28				Trust Fund Contribution	-	ed to Fees
Country	Zip	Co	ountry		8. This corporation owes the current year In	tangible	
25	29	30			Personal Property Tax.	Yes	ŊNo
9. Name and Address of Current	Registered Agent		<b>↓</b> _		10. Name and Address of New Registered	Agent	
OLOTA W. DIOLLADO			81	Name			ľ
			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
AMUNTE SPRINGS FL 32/01			83				
			84	City		85 Z	ip Code
	_			•		<b>-</b>   _   _	
egistered agent, or both, in the State o	of Florida. Such chang	ige was authorize	ed by t	he corporatio	n's board of directors. I hereby accept the appo	intment as	registered
Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registere	ed Agent	signature required	1 when reinstating) DATE		
OFFICERS AND			3.		ADDITIONS/CHANGES TO OFFICERS A		
C		ELETE 1.17	TITLE	ļ		[_] Chang	ge [] Addition
		1.2 1	NAME				
		1.3 5	STREET	ADDRESS			}
				ZIP			
		ELETE 2.11	TITLE	1			ge 🔲 Addition
LANGLOTZ, CHRISTINE				- 1		Chang	
		221	NAME			Chang	
478 E. ALTAMONTE DR., STE. 1		1		ADDRESS		☐ Chanç	
	1	2.3 \$	STREET	}			
478 E. ALTAMONTE DR., STE. 1	1	2.3 S 2.4 SELETE 3.11	STREET. CITY-ST	}		☐ Chang	
478 E. ALTAMONTE DR., STE. 1	1	2.3.5 2.4 ELETE 3.11 3.2.1	STREET. CITY-ST TITLE NAME	-ZIP			
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478 E. ALTAMONTE DR., STE. 1	<b>1</b> □ □	2.3 \$ 2.4 \$ ELETE 3.11 3.21 3.33 3.4.	STREET. CITY-ST TITLE NAME STREET. CITY-ST	- ZIP ADDRESS		☐ Chang	ge Addition
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478 E. ALTAMONTE DR., STE. 1	<b>1</b> □ □	2.3 3.1 3.1 3.2 3.3 3.4 4.2 4.3 5.4 5.4 5.4 5.4 5.4 5.4 5.4 5.4 5.4 5.4	STREET. CCITY-ST TITLE NAME STREET. CITY-ST TITLE NAME STREET.	-ZIP  ADDRESS -ZIP  ADDRESS		☐ Chang	ge Addition
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478 E. ALTAMONTE DR., STE. 1	DI	2.33 2.4 3.11 3.27 3.33 3.4. ELETE 4.11 4.2 4.35 4.40 ELETE 5.11	STREET. CITY-ST TITLE NAME STREET. CITY-ST TITLE NAME STREET. CITY-ST TITLE	-ZIP  ADDRESS -ZIP  ADDRESS		☐ Chang	ge Addition
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	PRINGS FL 32701  Pace of Business  #, etc.  Country  25  9. Name and Address of Current  GLOTZ, W. RICHARD  ORANGE DR. #240  AMONTE SPRINGS FL 32701  to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati  OFFICERS AND  C  LANGLOTZ, W. RICHARD  478 E. ALTAMONTE DR., STE. 1	ATTE DR STE. 108-344 PRINGS FL 32701  ALTAMONTE SPR  PRINGS FL 32701  ALTAMONTE SPR  PRINGS FL 32701  ALTAMONTE SPR  ALTAMONTE SPR  ALTAMONTE SPR  AND DRANGE DR. #240 AMONTE SPRINGS FL 32701  AMONTE SPRINGS FL 32701  ALTAMONTE SPRINGS FL 32701  ALTAMONTE SPRINGS FL 32701  ALTAMONTE SPRINGS FL 32701  ALTAMONTE SPRINGS FL 32701	ATTAMONTE DR STE. 108-344 PRINGS FL 32701  ALTAMONTE SPRINGS FL 32701  PRINGS FL 32701  ALTAMONTE SPRINGS FL 32701  ALTAMONTE SPRINGS FL 32701  ALTAMONTE SPRINGS FL 32701  ALTAMONTE SPRINGS FL 32701  ALTAMONTE DR STE. 108-344 ALTAMONTE SPRINGS FL 32701  ALTAMONTE SPRINGS FL 32701	ATRINGS FL 32701  478 E. ALTAMONTE DR STE. 108-344 ALTAMONTE SPRINGS FL 32701  478 E. ALTAMONTE DR STE. 108-344 ALTAMONTE SPRINGS FL 32701  478 E. ALTAMONTE DR STE. 108-344 ALTAMONTE SPRINGS FL 32701  478 E. ALTAMONTE DR STE. 108-344 ALTAMONTE SPRINGS FL 32701  478 E. ALTAMONTE DR., STE. 108-344 ALTAMONTE SPRINGS FL 32701  478 E. ALTAMONTE SPRINGS FL 32701	ARE DR. STE. 108-344 PRINGS FL 32701  ALTAMONTE DR. STE. 108-344 ALTAMONTE SPRINGS FL 32701  ALTAMONTE DR. STE. 108-344  ALTAMONTE DR. STE. 108-344	ATE DR STE. 108-344 RRINGS FL 32701  ALTAMONTE SPRINGS FL 32701  DO NOT WRITE IN THIS  3. Date Incorporated or Qualified 10/21/1998  ace of Business  2a. Mailing Address 2b. Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State 2c. City & State 2c. City & State 2c. Country 2c. Country 2c. Country 2c. Country 2c. De Country 2c. Country 2c	ATTAMONTE DR. STE. 108-344 ARINGS FL 32701  ALTAMONTE SPRINGS FL 32701  ALTAMONTE SPRINGS FL 32701  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed 10/21/1998  4. FEI Number 26 3. Date Incorporated or Qualifed 10/21/1998  4. FEI Number 34-1637496  #. etc.  Suite, Apt. #, etc.  City & State 6. Election Campaign Financing 25 7 Country 25 29 30  Country 25 30  Name and Address of Current Registered Agent 31. Name 32. OTZ, W. RICHARD 0RANGE DR. #240 MNONTE SPRINGS FL 32701  To the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing egistered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as maillair with, and accept the obligations of, Section 607.0505, Florida Statutes.  C DORANGE DR. #240 Signature, typed or printing name of registered agent and title if applicable.  OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS C DELETE LANGLOTZ, W. RICHARD 478 E. ALTAMONTE DR., STE. 108-344 ALTAMONTE SPRINGS FL 32701

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR TRECTOR

Date

Date

Date

Date

Date

Dayline Phone #