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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

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

05-07-1999 90098 026 ***150.00

1. Corporation	MENT # G07359 TO INCORPORATED	9						
Principal Place	e of Business	Mailing Address				r sporast molt botts (dood tald) pitst	a 1841 Alain 1984 alait 978	51511 51211 1251
3925 CLARCON 43 NORTH DOL ORLANDO FL 3 US	NA OCOEE RD LLINS AVENUE	3925 CLARONA OCOEE R 43 NORTH DOLLINS AVEN ORLANDO FL 32810 US				DO NOT WRITE 3. Date Incorporated or Qualifed 11/05/1982	E IN THIS SPACE	
2. Principal Pl	lace of Business	2a. Mailing Address		-		4. FEI Number		Applied For
21		26				59-2241172		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional
22		27				5. Octahodic of Glado Boshod	Fee	Required
City & State	e	City & State			!	Election Campaign Financing	1 1	May Be
23		28				Trust Fund Contribution	Adde	d to Fees
Zip	Country	Zip	Cour	itry		8. This corporation owes the current	nt year Intangible Yes	□No
24	25	29	30			Personal Property Tax. 10. Name and Address of New Re		
	9. Name and Address of Curre	nt Registered Agent		81 Name		10. Name and Address of New York	gistered rigent	
8801	l, freddie f. 1 Limpus Road					s (P.O. Box Number is Not Acceptab	ole)	
ORL	ANDO FL 32836		[83				
			1	84 City			FL	p Code
office or r agent. I a	to the provisions of Sections 607.05 registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was a	authorized	by the cor	ed corpora rporation	ation submits this statement for the p is board of directors. I hereby accept	ourpose of changing the appointment as	registered registered
SIGNATURE						ture constatura)	DATE	
	Signature, typed or printed name of registered ag	ent and title if applicable. (NOT	E: Registered /		e required w	then reinstating) ADDITIONS/CHANGES TO OFF	DATE	FORS IN 12
12.	Signature, typed or printed name of registered ag OFFICERS A			Agent signatur	e required w	tien reinstating) ADDITIONS/CHANGES TO OFFI		
12. TITLE	Signature, typed or printed name of registered as OFFICERS A	ent and title if applicable. (NOT) ND DIRECTORS	E: Registered /	Agent signatur	e required w		ICERS AND DIREC	
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

april 30, 1999

401 - 876-3598 Daytime Phone # CR2E034 (11/98)