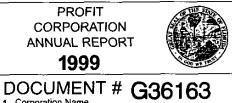
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

Katherine Harris

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

05-07-1999 90075 033 ***150.00

ALOMA ACCOUNTING AGENCY, INC. Principal Place of Business 1960 LEE RD SUITE 224 WINTER PARK FL 32789 US WINTER PARK FL 32789 US						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/27/1983			
Principal Place of Business 2a. Mailing Address						4. FEI Number		⊢ →	Applied For
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.						59-2281693 5. Certificate of Status Desired		\$8.75	Not Applicable Additional Required
22 27 City & State City & State						6 Floation Compaign Financing			May Be
23 28 28						Election Campaign Financing Trust Fund Contribution			d to Fees
Zip 24	Country 25	Zip 29	Country	у	-	This corporation owes the curr Personal Property Tax.	ent year Inta	ingible XYes	□No .
	9. Name and Address of Curren					10. Name and Address of New F	legistered A	gent	
	CON DADDADA D		81	'	Name				
NELSON, BARBARA B 5424 MYRICA RD.				2	Street Addres	dress (P.O. Box Number is Not Acceptable)			
ORLANDO FL 32810			83	+					
			84	-	City			85 Zip	p Code
					•	ration submits this statement for the	FL		
SIGNATURE		nt and title if applicable. (NOTI	E: Registered Age 13. 1.1 TITLE	ent s	signature required v	when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AN	D DIRECT	
TITLE	PSTD Nelson, Barbara B.	C) Deterie	1.7 NAME						
NAME STREET ADDRESS	CAGA MAYOLOA DD		1.3 STREE		ADDRESS				
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-1						
TITLE		☐ DELETE	2.1 TITLE					Change	e 🔲 Addition
NAME			2.2 NAME						
STREET ADDRESS			2.3 STREE	ĘΤA	ADDRESS				
CITY-ST-ZIP		FT Severe	2. 4 CITY-	ST-	-ZIP			☐ Change	e [] Addition
TITLE		☐ DELETE	3.1 TITLE 3.2 NAME					Unamy	- LI Addition
NAME STREET ADDRESS			3.2 NAME		ADDRESS				
CITY-ST-ZIP			3.4, CITY-		l				
TITLE		☐ DELETE	4.1 TITLE					Change	e
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE	ETA	ADDRESS				
CITY-ST-ZIP			4.4 CITY-		ZIP			☐ Chang	e
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME					- Cuang	
NAME CTREET ADDRESS			5.3 STREE		ADDRESS				
STREET ADDRESS			5.4 CITY-		Į				
CITY-ST-ZIP		☐ DELETE	6.1 TITLE					Change	e Addition
	1	=	В						
NAME			6.2 NAME						

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 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:

STREET ADDRESS

BARBARA BANT SON

407-740-5556