COR ANNU	PROFIT PORATION JAL REPORT 1999		FLORIDA DEPAR Katherin Secretary DIVISION OF C	of State	Apr 05, 1 Secretar 04-05-1999 90	999 8:00 y of Sta 022 037 ***150.0	
 Corporation 	MENT # G	50973 It, INC.					
rincipal Place 500 SATELLITE UITE 160 RLANDO FL 3 S		9500 Suit	ling Address) SATELLITE BLVD TE 160 ANDO FL 32837			IN THIS SPACE	
. Principal Pl	lace of Business	26	Mailing Address Suite, Apt. #, etc.		4. FEI Number 59-2494581		lied For Applicable dditional
City & State	e	27	City & State		Trust Fund Contribution	Fee Rec \$5.00 M Added to	May Be
Zip	Countr 25 9. Name and Addre	y 29 29 ess of Current Registe		Country 30 81 Name	8. This corporation owes the curren Personal Property Tax. 10. Name and Address of New Reg	Yes -	No
. Pursuant f	ANDO FL 32837	in the State of Florida	Such change was au	thorized by the corporate	poration submits this statement for the puon of the puon of directors. I hereby accept the puon of directors are the puon of directors are the puon of directors are the puon of the puon	FL 85 Zip Ca rpose of changing its r the appointment as reg	registered
ORL 1. Pursuant 1 office or ra agent. I an IGNATURE	ANDO FL 32837 to the provisions of See egistered agent, or both m familiar with, and acc Signature, typed or printed name	n, in the State of Florida cept the obligations of, s re of registered agent and title if a	a. Such change was au Section 607.0505, Flori applicable. (NOTE:	84 City s, the above-named corp thorized by the corporation da Statutes.	ed when reinstating)	FL	egistered istered
ORL office or re agent. I an IGNATURE 2. LE ME REET ADDRESS	ANDO FL 32837 to the provisions of Sec egistered agent, or both m familiar with, and acc signature, typed or printed name ST AMMERMAN, DON 9500 SATELLITE B	h, in the State of Florida rept the obligations of, S of registered agent and title if a DFFICERS AND DIREC R ILVD, SUITE 160	a. Such change was au Section 607.0505, Flori applicable. (NOTE:	84 City s, the above-named corp thorized by the corporation da Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	on's board of directors. Thereby accept i	FL	egistered istered
ORL - Pursuant i office or ra agent. I ar IGNATURE 2. LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS	ANDO FL 32837 to the provisions of Sec egistered agent, or both m familiar with, and acc Signature, typed or printed nam C ST AMMERMAN, DON 9500 SATELLITE B ORLANDO FL 3285 STP CAVALLERO, LUCI 9500 SATELLITE B	n, in the State of Florida sept the obligations of, S of registered agent and title if a DFFICERS AND DIREC R ILVD, SUITE 160 37 US J LVD, SUITE 160	a. Such change was au Section 607.0505, Flori applicable. (NOTE: CTORS	84 City s, the above-named corp thorized by the corporation da Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ed when reinstating)	FL urpose of changing its r the appointment as reg DATE CERS AND DIRECTOF	egistered istered RS IN 12
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