**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## May 10, 1999 8:00 am Secretary of State

05-10-1999 90054 034 \*\*\*150.00

MESTDAGH, INC.									
Principal Place		Mailing Address							
8506 BAY HILL BLVD. 8506 BAY HILL BLVD. ORLANDO FL 32819 ORLANDO FL 32819									
US US						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						03/07/1984			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		_ <del></del>	olied For
21 26						59-2487224			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<del> </del>			5. Certificate of Status Desired		\$8.75 A Fee Rec	dditional quired
City & State	City & State	ty & State			6. Election Campaign Financing		\$5.00	-	
23		28				Trust Fund Contribution		Added to	Fees
Zip	Country Zip			try		This corporation owes the curre			
24	25	29 30				Personal Property Tax.			□No
	9. Name and Address of Current	t Registered Agent	-	B1 Na	ıme	10. Name and Address of New Ro	agistereu Ag	em	
MCLARRY, GEORGE									
301 N FERNCREEK AVE				32 Str	reet Addres	ss (P.O. Box Number is Not Acceptal	ole)		
ORLANDO 32803			1	33			-		
			8	B4 Cit	ty		FL	85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.050	2-end 607.1508, Florida Statutes	the abo	ove-nar	ned corpor	ation submits this statement for the p	ourpose of ch	anging its	registered
office or n	egistered agent, or both to the state of familiar with and accept the obligation	of Florida. Such change was auth tons of, Section 607.0505, Florid	norized b a Statut	by the d	corporation	is board of directors. I hereby accept	the appoints	nem as reg	Jistereu
SIGNATURE			فمح		ESTPA	GH	4/30/9	9	\
SIGNATURE	Signature, typed or printed name of registered agen		gistered A			when reinstating)	DATE		
12.	OFFICERS AN	*	13.	_	ſ	ADDITIONS/CHANGES TO OFF		DIRECTO:	RS IN 12
TITLE	PS	☐ DELETE	1.1 TITU				L	Change	
NAME	MESTDAGH, RENE		1.2 NAME						
STREET ADDRESS	8506 BAY HILL BLVD.		1.3 STREET ADDRESS		RESS				
CITY-ST-ZIP			1.4 CITY-ST-ZIP					] Change	Addition
TITLE	•						L	71 090	
NAME	MESTDAGH, VIVIANE			2.2 NAME 2.3 STREET ADDRESS					•
STREET ADORESS	1			2.4 CITY-ST-ZIP					
CITY-ST-ZIP			3.1 TITU					] Change	Addition
NAMÉ			3.2 NAME				_	-	
STREET ADDRESS			1	~ EET ADDF	RESS				
CITY-ST-ZIP			4	Y-ST-ZIP					
TITLE		☐ DELETE	4.1 TITL					Change	Addition
NAME			4.2 NA	νE		•			
STREET ADDRESS			4.3 STR	EET ADDF	RESS				
CITY-ST-ZIP			4.4 CITY	-ST-ZIP					
TITLE		☐ DELETE	5.1 TITL	E				Change	☐ Addition
NAME			52 NAM	Œ					
STREET ADDRESS			5.3 STR	EET ADDF	RESS				
CITY-ST-ZIP				/-ST-ZIP			<del></del> :	<del></del>	
TITLE		☐ DELETE	6.1 TITL				[	] Change	Addition
NAME			6.2 NAM						
STREET ADDRESS			■ 6.3 STR	EET ADDF	RESS				)

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 truetee 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

MESTOAGY 4/28/99 407-876=2/39