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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

Feb 19, 1999 8:00 am Secretary of State

	1999	O VE TO	DIVISION OF	CORPOR	RATIC	NS .		02-19-1999 9	0090 01	9 ***150.0	10
1. Corporation	MENT # H1	3646									
Principal Place	e of Business	M	lailing Address					ı (Barat) eset mane (virs evisi e	ININ MILL MINES	. 81811 81811 81811 1	IIIII DIGIL IVII
6126 CHES CC	HIRT	91	162 BAY HILL BLVD.								
ORLANDO FL 32819 ORLANDO FL 32819								v= *			
US		Us	\$					DO NOT WR		S SPACE	
								Date Incorporated or Qualifed 07/20/1984			
	lace of Business	<u></u> ⊢⊸	. Mailing Address				4.	FEI Number			plied For
	<u>Masters Blvd.</u>	26	6083 Maste	<u>ers Bl</u>	vd.			<u>59-2430275</u>			t Applicable
Suite, Apt.		27	Suite, Apt. #, etc.					Certifcate of Status Desired		\$8.75 A	quired
City & Stat	e	<u> </u>	City & State				6.	Election Campaign Financing		\$5.00	
<u>23 Orlan</u>		28	<u>Orlando, F</u>					Trust Fund Contribution		Added t	o Fees
Zip	Country	<u> </u>	Zip	Cou	intry		8.	This corporation owes the cur	rent year Ir		
24 32819		29		30	,		\\	Personal Property Tax.			□No
	9. Name and Addres	ss of Current Regis	stered Agent		04		10.	Name and Address of New	Registered	1 Agent	
CL A	TON HAI				81	Name					
	TON, HAL				82	Street Addre	ess (F	O. Box Number is Not Accept	able)		
9162 BAY HILL BLVD.								ers_Blvd.			
ORL	ANDO FL 32819				83			·			Ì
					84	City				85 Zip (Code
					•••	Orlando	0		FI		819
11. Pursuant	to the provisions of Secti	ons 607.0502 and 6	307.1508, Florida Stat	utes, the a	hove	named come	oration	submits this statement for the	purpose c	f changing its	registered
office or r	egistered agent, or both, m familiar with, and acce	in the State of Flori	ida. Such change was	authorized	i by ii	ne corporatio	on's bo	pard of directors. I hereby acce	pt the appo	sintment as re	gistered -
Ü	in landing with, and acce	pr the obligations of	1, 0000011 007.0000, 1	iorida otati	utos.					,	, j
SIGNATURE	Signature, typed or printed name	of registered agent and title	if applicable. (NO	TE: Registered	Agent	signature required	d when r	einstatung)	DATE		
12.		FICERS AND DIRE		13.			-	ADDITIONS/CHANGES TO OF	FICERS A	ND DIRECTO	RS IN 12
TITLE	Р		☐ DELETE	1,1 11	TLE					☐ Change	☐ Addition
NAME	SLATON, HAL W.			1,2 NA	WE						
STREET ADDRESS	9162 BAY HILL BLV	ח		13 ST	REETA	DORESS 6	083	Masters Blvd.			
CITY-ST-ZIP	ORLANDO FL 32819				TY-ST-			nd, FL 32819			}
TITLE	CHEMIDO I E GEORG		☐ DELETE	2.1 TI		- 0	. Iu	10, 12 02013		☐ Change	Addition
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NAME				l l		ADDRESS .					
STREET ADDRESS											.
CITY-ST-ZIP		-	☐ DELETE	2.4 C	ITY-ST	-212				Change	☐ Addition
TITLE			- Derreve								
NAME				3.2 NA				AND A COLOR			
STREET ADDRESS						DORESS					ļ
CITY-ST-ZIP			F7 per ere		TY-ST-	ZIP				Change	Addition
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NAME "				4:2N							
STREET ADDRESS				4,3 ST	REETA	NODRESS					j
CITY-ST-ZIP					TY-ST-	ZIP				[T] 65	5™ A 2 300 − 1
TITLE			☐ DELETE	5.1 TI				1 and 24.576 W.	4.963.4	Change	Addition
NAME				5.2 NA				一 ,称"我曾代为"。	보기().	g. 1 () 1	5 8-3
STREET ADDRESS				5.3 ST	REETA	DORESS			[44] 급규		智制作
CITY-ST-ZIP					TY-ST-	ZIP					
TITLE			☐ DELETE	6.1 TT	TLE					Change	Addition
NAME				6.2 NA	ME.						
STREET ADDRESS				6.3 ST	REET #	ODRESS					}

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