PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # H32104

24	25		30	· 	\perp
Zip	Country		Country	,	+
City & State	 -	City & State	·-	-	†
Suite, Apt. #, et	c.	Suite, Apt. #, etc.			
21		26			\perp
Principal Place	-(D	2a. Mailing Address			
% ROBERT N. JOHNSON 933 LEE ROAD. SUITE 400 ORLANDO FL 32810		% ROBERT N. JOHNSON 933 LEE ROAD. SUITE 400 ORLANDO FL 32810			
Principal Place of	Business	Mailing Address			

May 03, 1999 8:00 am Secretary of State

05-03-1999 90091 013 ***158.75



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Principal Place of Business Mailing Address							1 (86181) 8488 14118 (1864 1791) 44114	**** ***** ***), <u>0</u> ,2,, 0,0,,		
% ROBERT N. JOHNSON		% ROBERT N. JOHNSON									
933 LEE ROAD. SUITE 400		933 LEE ROAD. SUITE 400				DO NOT MIDITE IN TURE CRACE					
ORLANDO FL 32810 ORLANDO FL 3			. 32810			-	DO NOT WRITE IN THIS SPACE				
						-	3. Date Incorporated or Qualifed 11/30/1984				
a Driver and D	leas of Business	2a. Mailing Address					4, FEI Number		- I Anr	olied For	
2. Principal Place of Business		<u>├</u> ──					59-2880431			Applicable	
21		26 Suite Ant # etc	Suite, Apt. #, etc.					_/	\$8.75 A		
Suite, Apt. #, etc.			h				5. Certifcate of Status Desired		Fee Red		
City & State		City & State				6. Election Campaign Financing		\$5.00	May Ro		
¬ '		28				Trust Fund Contribution		Added to	- 1		
Zip Country		Zip					8. This corporation owes the current year Intangible				
24	25	29	30	•			Personal Property Tax.			□No	
<u> </u>	9. Name and Address of Curre		1001	o			10. Name and Address of New Rec	istered A	gent		
				81	Name						
JOH	NSON, BRYAN A.					A .d.d	/D O. D thurbanin blat Accountable				
933	LEE RD.			82 Street Address (P.O. Bo			s (P.O. Box Number is Not Acceptable	9)			
SUITE 400									_		
ORL	ANDO FL 32810								TT		
				84	City			FI	85 Zip C	ode	
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was ations of, Section 607.0505, F	authorize Torida Stat	d by tutes	the corpo	oration	ation submits this statement for the pu s board of directors. I hereby accept to the reinstating)	he appoint	ment as reg	jistered	
	Signature, typed or printed name of registered age	ND DIRECTORS	13.	<u> </u>	t Signature i	required w	ADDITIONS/CHANGES TO OFFIC	_	DIRECTO	RS IN 12	
TITLE	PVT	DELETE	1.1 T				ADDITIONS/CHANGES TO OFFIC	ELIO ANI	Change	Addition	
NAME	JOHNSON, BRYAN A.			IAME							
STREET ADDRESS	933 LEE RD. SUITE 400				ADDRESS						
	ORLANDO FL				1.4 CITY-ST-ZIP						
CITY-ST-ZIP	S .			2.1 TITLE					Change	Addition	
NAME	JOHNSON, MATTHEW T			2.2 NAME							
	933 LEE ROAD, SUITE 400			2.3 STREET ADDRESS							
STREET ADDRESS	ORLANDO FL		1	CITY-S						1	
CITY-ST-ZIP TITLE	ORLANDO FL	DELETE	2.40 3.1 T		1+ZIF	1			Change	Addition	
NAME			1	IAME						_	
			1		ADDRESS						
STREET ADDRESS				CITY-S							
CITY-ST-ZIP TITLE	<u> </u>	☐ DELETE	4.1 T		1-20				Change	Addition	
NAME		_	4.21	NAME							
STREET ADDRESS					ADDRESS						
				XTY-SI						1	
CITY-ST-ZIP		☐ DELETE	5.1 T						Change	Addition	
NAME				IAME							
STREET ADDRESS			5.3 S	TREET	ADDRESS						
				ITY-S							
CITY-ST-ZIP TITLE		DELETE	6.1 T						Change	Addition	
NAME			6.2 N	IAME						ļ	
STREET ADDRESS			6.3 S	TREET	ADDRESS					1	

6.4 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 regelver 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 alachment with an address, with all other like empowered.

SIGNATURE:

REREQUIRED E OF SIGNING OFFICER OR DIRECTOR