Mar 23, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H32870

1. Corporation Name

INE SU	JII FARINENSHIF ANGHIII	ECTURE INCORPORATE	נו					
Principal Place	e of Business	Mailing Address				. Bill: 18851 8861 81811	Afbis Aibit Biait B	IELI MIGIL IMMI
1900 SUMMIT T SUITE 260	OWER BLVD	1900 SUMMIT TOWER BLVD SUITE 260						
ORLANDO FL 32810		ORLANDO FL 32810			WRITE IN THE	SPACE		
US		US			 Date Incorporated or Quantum 12/06/1984 	alifed		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
21		26			59-2485987			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desir	ed 💢	\$8.75 A Fee Re	
City & State	e	City & State	-		6. Election Campaign Finan	icing 👝	\$5.00	May Be
23		28			Trust Fund Contribution		Added to	o Fees
Zip	Country	Zip	Country		8. This corporation owes the	e current year Ir	ntangible	×
24	25	29 36	0		Personal Property Tax.			No
	9. Name and Address of Current	t Registered Agent			10. Name and Address of h	New Registered	Agent	
51.05	NO. CORROBATE GUIDDORT IN	•	81	Name				
	RIDA CORPORATE SUPPORT, INC	U.	82	Street Add	iress (P.O. Box Number is Not Ad	cceptable)		
	EAST ROBINSON STREET							
	E 500		83					
ORLA	ANDO FL 32801		84	City			85 Zip C	Code
			"	J.,		FI	_ _	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes,	, the above	-named corp	poration submits this statement for	or the purpose of	f changing its	registered
office or re agent. I as	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation Signature, typed or printed name of registered agent	of Florida. Such change was autrions of, Section 607.0505, Florid	orized by to a Statutes.	the corporati	poration submits this statement for ion's board of directors. I hereby ed when reinstating)	or the purpose of accept the appo	f changing its pintment as req	registered gistered
office or re agent. I an	egistered agent, or both, in the State on familiar with, and accept the obligation	of Florida. Such change was autrions of, Section 607.0505, Floridations of applicable. (NOTE: Re	orized by to a Statutes.	the corporati	ion's board of directors. I hereby	DATE	ontment as reg	gistered
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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 receive) 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.

SIGNATURE: