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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # H56881



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90021 017 ***155.00

Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Zip Country Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible
Principal Place of Business Mailing Address 511 N. VIRGINIA AVE. WINTER PARK FL 32789 US DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/14/1985 2. Principal Place of Business 2a. Mailing Address 25 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 28 Suite, Apt. #, etc. 29 City & State 21 City & State 22 City & State 23 Country 24 Country 25 Suite, Apt. * Personal Property Tax. Personal Property Tax. Personal Property Tax. Personal Property Tax. B1 Name GAINER, BARRY W 1664 WINDY BLUFF PT Suite, Apt. Well, and the suite of Status Desired
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3. Date Incorporated or Qualifed 05/14/1985 2. Principal Place of Business 2. Principal Place of Business 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. City & State 2. City & State 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 3. Date Incorporated or Qualifed 05/14/1985 4. FEI Number 59-2536132 Not Applied For Fee Required 5. Certificate of Status Desired 6. Election Campaign Financing Fee Required 7. Trust Fund Contribution 7. Added to Fees 7. Trust Fund Contribution 8. This corporation owes the current year Intangible 7. Personal Property Tax. 7. Personal Property Tax. 8. This corporation owes the current year Intangible 7. Personal Property Tax. 8. This corporation owes the current year Intangible 9. Name and Address of Current Registered Agent 8. Name 8. Name 8. Street Address (P.O. Box Number is Not Acceptable)
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1664 WINDY BLUFF PT Street Address (P.O. Box Number is Not Acceptable)
1004 WINDT DLUFF PI
LONGWOOD FL 32750
84 City 85 Zip Code
The state of the
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.
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Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE OFFICIAL OFFICIAL OFFICIAL OFFICIAL OFFICIAL OFFICIAL OFFICIAL OFFI
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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 of supplemental angular 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.

SIGNATURE: