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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **H77168**

1. Corporation Name

FOUR S CORP. OF ORLANDO

| Principal Place | e of Business | Mailing Address | | | | i | | | | | | |
|---|---|---|-------------|-----------|--|--|---|---------------------------|---------------------------|------------------|---------------------|----------------------|
| 4948 S. ORANGE AVE. ORLANDO FL 32806 | | 4948 S. ORANGE AVE. ORLANDO FL 32806 | | | | 20 | or .upit | ~ N. T.U.O | 0040 | _ | | |
| | | | | | | | | NOT WRIT | E IN THIS | SPACI | = | ·· |
| | | | | | | l | 3. Date Incorporated | or Qualifed | | | | į |
| | | | | | | | 09/20/1985 | | | | T | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | | | 4. FEI Number | | | - | | lied For |
| 21 | | 26 | | | | | 59-2584533 | | | | | Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | | 5. Certificate of Status | Desired | | T | | Iditional |
| 22 | <u> </u> | 27 - | | | | - | | | | | ee Req | - |
| City & Stat | e . | City & State | | | | | Election Campaign | - | П | | .00 N | |
| 23 | | 28 | | | |] | Trust Fund Contrib | ution | | Ac | ided to | Fees |
| Zip | Country | Zip Country | | | | 8. This corporation owes the current year Intangible | | | | | | |
| 24 25 | | 29 30 | | | | Personal Property Tax. Yes No | | | | | | |
| | 9. Name and Address of Curren | t Registered Agent | | 1 | | | 10. Name and Addres | s of New R | egistered . | Agent | | |
| | NI DATINOV M | | | 81 | Nam | е | | | | | | |
| | BILL, PATRICK M. | | | 82 | Stree | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| 2110 E ROBINSON ST | | • | | | | | | | | | | |
| ORL | ando fl 32801 | | | 83 | | | | | | | | |
| | | | | 0.4 | City | | | | | 85 | Zip Co | nde |
| | | | | 84 | City | | | | FL | 63 | Zip O | 300 |
| office or r agent. I a | to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligations. | of Florida, Such change was | autnoriz | ea nvi | тпе сог | d corpor rporation | ation submits this stater 's board of directors. I h | nent for the pereby accep | purpose of t the appoi | changi ntment | ng its n as regi | egistered istered |
| SIGNATURE | Signature, typed or printed name of registered age | nt and title if applicable. (NC | TE: Registe | red Agen | t signatur | e required w | vhen reinstating) | | DATE | | | |
| 12. | | ID DIRECTORS | 1 | | | | ADDITIONS/CHANG | SES TO OFF | ICERS AN | D DIR | ECTOR | RS IN 12 |
| TITLE | PST DELETE | | | 1.1 TITLE | | | | | | Ch | | ☐ Addition |
| NAME | SCHROEDER, JEFFREY | | 1.2 | 1.2 NAME | | | | | | | | |
| STREET ADDRESS | 4948 S ORANGE AVE | | 13 | STREET | ADDRES | s | | | | | | |
| | ORLANDO FL | | | CITY-ST | | <u> </u> . | | | | | | |
| CITY-\$T-ZIP | ONDANDO I E | [] DELETE | _ | TITLE | - 4.11 | | | | | Ch | ange | ☐ Addition |
| TITLE | | | | NAME | | | | | | | | |
| NAME | | | | | ************************************** | <u>, </u> | | | | | | |
| STREET ADDRESS | 1 | | | STREET | | ⁸⁸ _ | _ | | * | | | |
| CITY-ST-ZIP ` | | DELETE | _ | 4 CITY-S | T-ZIP | + | | | | □ Ct | ange | ☐ Addition |
| TITLE | į | ☐ here is | 1 | TITLE | | | | | | L 0. | | |
| NAME | | | | NAME | | - | | | | | | |
| STREET ADDRESS | | | 3.3 | STREET | ADDRES | SS | | | | | | |
| CITY-ST-ZIP | | | | CITY-S | T-ZIP | - | | | | | | - Addition |
| TITLE | | ☐ DELETE | 4.1 | TITLE | | | | | | CH | lange | ☐ Addition |
| NAME | [| | 4. | 2 NAME | | | | | | | | |
| STREET ADDRESS | · | | 4.3 | STREET | ADDRES | ss | | | | | | |
| CITY-ST-ZIP | | | 4.4 | CITY-S1 | r-ZIP | | | | | | | |
| TITLE | | ☐ DELETE | 5.1 | TITLE | | | | | | C | nange | ☐ Addition |
| NAME | • | | 5.2 | NAME | | | | | | | | |
| STREET ADDRESS | | | 5.3 | STREET | ADDRES | ss | • | | | | | |
| CITY-ST-ZIP | | | 5.4 | CITY-ST | r-ZIP | 1 | | | | | | |
| JULI-DUALE | <u> </u> | | | | | \rightarrow | | | | | | |
| TITLE | | ☐ DELETE | 6.1 | TITLE | | Į. | | | | CH | ıange | ☐ Addition |

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 an other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP-

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90262 043 ***150.00