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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H86991

FILED Feb 23, 1999 8:00 am Secretary of State 02-23-1999 90089 003 ***150.00

	INC.				
Principal Place	o of Buciness	Mailing Address		{	
		6105 ORANGE HILL CT			
6105 ORANGE ORALANDO FL		ORLANDO FL 32819			
US		US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
1				11/08/1985	Ì
2 Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
	John Anderson	26 1282 John	Anderson	59-2609240	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		LE Cortifonto of Status Desired LL :	5 Additional
22		27		Fee	Required
City & State		City & State	Beach FL	1 = 1	DO May Be ed to Fees
Zip	Country	Zip_	Country	This corporation owes the current year Intangible	24 10 1 000
24 321		— つ <u>^</u>	30 USA	Personal Property Tax.	□No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered Agent	
			81 Name		
VAN HOUTEN, MICHAEL			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
l	South Palmetto Tona BCH FL 32076		83		
	1011/1 5011 12 02070				
			84 City	FL 85 2	Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	es, the above-named corp	oration submits this statement for the purpose of changing	its registered
l office or r	egistered agent, or both, in the State in familiar with, and accept the obligation	of Florida. Such change was at	uthorized by the corporation	on's board of directors. I hereby accept the appointment a	s registered
SIGNATURE					!
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)					
SIGNATURE					
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	
12.	OFFICERS AN		13. 1.1 TITLE P	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	
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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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR