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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H97959

1. Corporation							1				
LACONIA	a, inc.						ľ				
							ļ				8 4 4 8 184
Principal Place of Business Mailing Address										•	
6006 CEDAR PINE DR. 6006 CEDAR PINE DR.									•		
ORLANDO FL 3	32819		UH	LANDO FL 32819			ľ	DO NOT WRITE	IN THIS S	PACE	
							3	3. Date Incorporated or Qualifed			
								02/06/1986			
2. Principal P	lace of Busin	ness	2a.	Mailing Address			- 4	1. FEI Number		A	pplied For
21			26					65-0001092			lot Applicable
Suite, Apt.	#, etc.			Suite, Apt. #, etc.				5. Certifcate of Status Desired		• -	Additional
22			27 _	<u> </u>				. Certificate of Status Desired		Fee F	Required
City & State	te		<u> </u>	City & State			· 6	6. Election Campaign Financing		•	May Be
23			28					Trust Fund Contribution			to Fees
Zip		Country	<u> </u>	Zip	Country	,	8	3. This corporation owes the curren		<u> </u>	Пы
24	0 Name	25	29		30			Personal Property Tax. D. Name and Address of New Reg		Yes	□No
	9. Name	and Address of Curr	rent Regist	tered Agent	81	Name		b. Name and Address of New Reg	gistereu A	gent	
PAP	PAS, VOUI	L A									
	6 CEDAR P				82	82 Street Add		(P.O. Box Number is Not Acceptable	e)		
	ANDO FL				83	<u> </u>					
					84	City	***		FL	 85 Zip	Code
11. Pursuant	to the provis	sions of Sections 607.0	502 and 60	7 1508 Florida Statu	ites the above	e named	corporati	on submits this statement for the pu	rnose of ch	ll nanging it	s registered
i office or n	registered ag	sent orboth in the Sta	ite of Florid	ia. Such change was i	authorized by	the corpo	oration's I	board of directors. I hereby accept t	the appoint	ment as r	registered
office or r agent. I a	registered ag	ent, or both, in the Starth, and accept the obli	ite of Florid	ia. Such change was i	authorized by	the corpo	oration's I	board of directors. I hereby accept t	the appoint	ment as r	registered
i office or n	registered ag im familiar w	sent orboth in the Sta	ite of Florid igations of,	la. Such change was Section 607.0505, Fl	authorized by	the corpo	oration's I	board of directors. I hereby accept t	DATE	ment as r	egistered
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office or r agent. I a SIGNATURE 12.	registered ag im familiar w Signature, typec PT PAPPAS,	yent, or both, in the Statisth, and accept the oblined or printed name of registered a OFFICERS A	ite of Florid igations of, agent and title i	la. Such change was Section 607.0505, Fl	authorized by orida Statutes E. Registered Agents 13.	the corpo	oration's I	board of directors. I hereby accept t	DATE	DIRECT	ORS IN 12
office or ragent. I as SIGNATURE	signature, typed PT PAPPAS, 6006 CE	ent, or both, in the Statith, and accept the oblined or printed name of registered a OFFICERS A VOULA DAR PINE DR.	ite of Florid igations of, agent and title i	la. Such change was Section 607.0505, Fl	E. Registered Ages 1.1 TITLE 1.2 NAME	the corpo	oration's I	board of directors. I hereby accept t	DATE	DIRECT	ORS IN 12
office or ragent. I ai SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT PAPPAS, 6006 CEI ORLAND	yent, or both, in the Statisth, and accept the oblined or printed name of registered a OFFICERS A	ite of Florid igations of, agent and title i	la. Such change was Section 607.0505, FI f applicable. (NOT CTORS	E. Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	nt signature n	equired when	n reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND	DIRECT ☐ Change	ORS IN 12
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

OULS PAPPOS/ (V-P-)