FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST. May 157

CORPORATION

ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State DIVISION OF CORPORATIONS

FILED May 17, 1999 8:00 am Secretary of State 05-17-1999 90043 044 ***150.00

FILING FEE \$61.25 Make Payable To	king Entries : Secretary of State	, ,
1. Name and Mailing Address of Corporation: DOCUMEN	⊤ #J18616 √ (9)	2. If Address in Block 1 is incorrect in any way, line through the incorrect information and enter the correct address below, P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.
8 ROBERT J. GOETZ 755 F W HWY 434 282 Shar		21 Mailing Address
≈ 755 F W HWY 434 - 282 Sh ~ LONGWOOD FL 32750- 8150	Avenue, Stella	22 P.O. Box No.
		23 Cily and State 24 Zip Code
If above address is incorrect in any way, line through the incorrect information	ation and gnier correct address in Block	3. Date incorporated or Qualified To Do Business in Florida 06/09/1986
3a. Date of Last Report 5-4-1998 4. FEI Number 59-2727374	$V \longrightarrow$	Number Applied For 5. \$8.75 Additional Fee required for a Certificate of Status Number Not Applicable CERTIFICATE OF STATUS DESIRED
6. Names and Street Addresses of Each Officer and Director (Do not		
Title Names of Officers and Directors	Street Address of Each Officer and Director I (Do NOT Use Post Office Box N	City and State 4
P/S/T GOETZ, ROBERT J.	755 F WEST HWY 434 282 Short Avenue.	LONGWOOD, FL.
	•	
V. 1800 - 110		
4 1999 Form Not Receiv		
Substitute Form Per Pr	jor Year -	
REGISTERED AGENT INFORMATION	81 Name	8. Name and Address of New Registered Agent
7. Name and Address of Current Registered Agent	82 Street-Addre	es 1 (Do NOT Use P.O. Box Number)
GOETZ, ROBERT J. 755 F W HWY 434 282 Short Aven	83 Street Addre	ss 2 (Do NOT Use P.O. Box Number)
LONGWOOD, FL 32750 Ste 112		85 Zip Code
		FL.
 Pursuant to the provisions of Sections 607.0502 and 607.1508 or for the purpose of changing its registered office or registered agent. I hereby accept the appointment as registered agent. I am familiar v 	Sections 617.0502 and 617.1508, Flo , or both, in the State of Florida. Such vith, and accept the obligations of, So	orida Statutes, the above-named corporation submits this statement change was authorized by the corporation's board of directors. ction 607.0505, Florida Statutes.
		(18/1)
SIGNATURE		
10. This corporation has liability for intangible tax under S. 199 032, Florida Statutes Yes 🗀 No X (See other side for information on intangible tax)		
11. I 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 it made under oath. I further certify 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 or Chapter 617, Florida Statutes, and that my name applicans in Epock 6 or an applichment with an address		
SIGNATURE Tobel J.	Diet	DATE CO-29 92
Typed Name of Signing Officer or Director Title Robert J. Coets	President	Telephone Number Daytime (407)260-160 ext 12

12. Should you wish to contribute to the Election Campaign Financing Trust Fund, check the box and include an additional \$5.00 to the filling fee