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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J37043**

1. Corporation	n Name NAME	A, INC.) (0.01/10.01	(() 818)) () ()	81 8 11 3 1811 18 3 1
Principal Place of Business Mailing Address)
7705 TURKEY LAKE RD 7705 TURKEY LAKE RD						1		
ORLANDO FL 32819 ORLANDO FL 32819 US US						DO NOT WRITE IN TH	HE SDACE	
US		US				3. Date Incorporated or Qualified	IS SPACE	
[10/09/1986		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	An	plied For
21	26					59-2825621	<u> </u>	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.					\$8.75	
[22]		27	27			5. Certifcate of Status Desired	Fee Re	
City & State		City & State	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added t	
Zip	Country Zip		Country 30			8. This corporation owes the current year Intangible Personal Property Tax.		
	9. Name and Address of Current		7			10. Name and Address of New Registere		
			8	1 Name				
DELSANTER, AMELIA			82	Stroot	Addra	ss (P.O. Box Number is Not Acceptable)	7	1 / 57
7705 TURKEY LK RD			0.	Silect	Addres	ss (P.O. box Number is Not Acceptable)		
ORL	ANDO FL 32819		8:	3				
			[_	4 0:			. 85 Zip 0	~
			84	4 City		F	L 85 Zip C	700e
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the abov	ve-named	corpor	ration submits this statement for the purpose	of changing its	registered
office or re agent. I a	egistered agent, or both, in the State on familiar with, and accept the obligation	of Florida. Such change was autions of, Section 607.0505, Florid	thorized bi da Statute	y the corp s.	oration	n's board of directors. I hereby accept the app	ontment as reg	gistered
SIGNATURE								
	Signature, typed or printed name of registered agent			ent signature	required v	when reinstating) DATE		
12.	OFFICERS ANI					ADDITIONS/CHANGES TO OFFICERS		
TITLE	• •			1.1 TITLE			Change	Addition
NAME	CARRINO, ANTHONY		1.2 NAME					
STREET ADDRESS	2117 ST. ANDREWS CR			ET ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32835		1.4 CITY-ST-ZIP		↓ —			[7] 6 delision
TITLE	_			2.1 TITLE			Change	Addition
NAME	CARRINO, LUCILLE		2.2 NAME		}			
STREET ADDRESS	5988 CHESAPEAKE PARK		2.3 STREET ADDRESS			i vienament en vivil 2	- 3 - - -	-
CITY-ST-ZIP	ORLANDO FL 32819		2.4 CITY-ST-ZIP		┼		Change	Addition
ļ	DESLANTER, AMELIA		•	3.1 (IILE 3.2 NAME			CT Cuantie	□ vagirion
NAME	8007 WEST MINSTER ABBEY B	וואס						
STREET ADDRESS	ORLANDO FL 32835	LYD		ET ADDRESS				
CITY-ST-ZIP	DELETE			3.4, CITY-ST-ZIP 4.1 TITLE			☐ Change	Addition
NAME				4.2 NAME			[] Ondinge	
STREET ADDRESS			1	Et address				
CITY-ST-ZIP					1			
TITLE				51 TITLE			Change	Addition
NAME		<u>_,</u>	5.2 NAME		}		CJ 492	
STREET ADDRESS			5.3 STREE	ET ADDRESS				
CITY-ST-ZIP			5.4 CITY-	ST-ZIP	J			
TITLE		☐ DELETE	61 TITLE		<u></u>		Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	T ADDRESS				į

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 responsibility in the same legal effect as if made under oath; that I am an officer or director of the cerporation 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: MULLA SEA

CITY-ST-ZIP

72699 (407352-840)

R2E034 (11/98)