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 # J66499

JIM HARRISON & ASSOCIATES, INC.

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Principal Plac	ce of Business	Mailing Address	S							
1869 KING EDWARD DR. 231 N. BERMUDA AVENUE KISSIMMEE FL 34744 KISSIMMEE FL 34741										
							DO NOT WRITE IN	THIS SPAC	E	
	·						 Date Incorporated or Qualifed 04/10/1987 	·		
2. Principal P	Place of Business	2a. Mailing Add	ress				4. FEI Number		Apr	olied For
21		26	26				l			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #	t, etc.					\$8.	75 A	dditional
22		27					5. Certifcate of Status Desired		ee Re	
City & Stat	te	City & State	!				6. Election Campaign Financing	\$5	5.00	May Be
23		28					Trust Fund Contribution	•	ded to	•
Zip	Country	Ζiρ		Coun	try		8. This corporation owes the current ye	ar Intangible	l	
24	25	29	[;	30			Personal Property Tax.	☐ Ye		□No
	9. Name and Address of Cur	rent Registered Agent					10. Name and Address of New Regist	ered Agent		
0.40	NO 105 DADO 10	•			B1	Name	•			
	IR, JOE BARR JR.	, .		l _a	B2	Stroot Addre	ess (P.O. Box Number is Not Acceptable)			
1008	9 KING EDWARD DR.	•			-	Street Addre	ess (F.O. DOX Humber is NOT Acceptable)	3 413		5 to 0 for
KISS	SIMMEE FL: 34744			[4	83			(1)	3 3	(16.4)
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					B4	City		FL 85	Zip C	ode
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Flor	ida Statute	s, the abo	OV8-1	named corpo	pration submits this statement for the purpo	se of changi	ng its r	registered
office or r	registered agent, or both, in the Sta im familiar with, and accept the obl	ate of Florida. Such char ligations of Section 607.	ige was au 0505. Flori	ithorized l ida Statut	by th	ne corporation	n's board of directors. I hereby accept the	appointment	as reg	istered
_	tarrinar war, and dooopt are ob	igations or, coolien our.	0000, 1 1011	aa olalat						
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable.	(NOTE: F	Registered A	gent s	signature required	when reinstating) DA	TE		
SIGNATURE		agent and title if applicable. AND DIRECTORS	(NOTE: I	Registered A	gent s	signature required	when reinstating) DA ADDITIONS/CHANGES TO OFFICER		ЕСТОР	RS IN 12
		AND DIRECTORS	(NOTE: F			signature required				RS 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.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Jan 23, 1999 8:00am

Secretary of State

01-23-1999 90070 024 ***150.00

407-847-6600