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 # K24508

1. Corporation Name

	RE OF CENTRAL FLORIDA	A, INC.						***		au arnii 2:2:1 (84)
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										ON OLAN OLAN LAAL
Principal Place		Mailing Add								
65 SWEETBRIAR BR 65 SWEETBRIAR BR LONGWOOD FL 32750 LONGWOOD FL 32750										
US US LONGWOOD PL 32/50							DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or	Qualifed		
							05/12/1988			
2. Principal P	lace of Business	2a. Mailing	Address	·			4. FEI Number			Applied For
21		26					59-2889732			Not Applicable
Suite, Apt.	#, etc.	Suite, A	pt. #, etc.				5. Certifcate of Status D	esired []		5 Additional
22	-	27							Fee	Required
City & Stat	te .	City & S	State	~			6. Election Campaign Fi	_		00 May Be
23		28					Trust Fund Contributi			ed to Fees
Zip	Country	Zip	Г	Coun	ıuy		8. This corporation owe	-	rear Intangible	XNo
24	9. Name and Address of Curre	29		30			Personal Property Ta 10. Name and Address			A
	5. Name and Address of Curr	ent Registered Ag	EIII		81	Name	TO HUMB AND AGE			
YEIS	SLEY, MACL									
	ARGON TERRACE			1	82 :	Street Addres	ss (P.O. Box Number is No	ot Acceptable)		
SUIT	TE 104			<u> </u>	83				····	
LAKE	E MARY FL 32746			L						
					84	City			FL 85 2	Zip Code
11: Pursuant	to the provisions of Sections 607.05	502 and 607.1508.	Florida Statute	s, the ab	ove-r	named corpor	ration submits this stateme	nt for the purp	oso of observing	its registered
office or r	to the provisions of Sections 607.09 egistered agent, or both, in the Statum familiar with and accept the obliging	te of Florida. Such	change was au	thorized	by the	e corporation	's board of directors. I her	eby accept the	appointment a	s registered
	Im familiar with and accept the cont	garons or, section	007.0303, 7101			AKK	leas 11	4/	12/90	l
SIGNATURE										
	Signature, typed or printed name of projectered a	igent and the if applicable.	(NOTE:	Registered A	Agent si	signature required v			AJE	
12.		igent and the If applicable.	(NOTE:	Registered A	Agent si	signature required v	ADDITIONS/CHANGE		RS AND DIRE	
12. TITLE	OFFICERS A		(NOTE:	Registered A	Agent si	signature required v			~	
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CITY-ST-ZIP 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 or an attachment with ap address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED Apr 15, 1999 8:00 am Secretary of State 04-15-1999 90072 020 ***150.00