## 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 # K43608**

Principal Place of Business Mailing Address	l LOLE DIBEL DIDIL BEDE BEBEL D	(BIN BIBLI IBBI
% WILLIAM A. BOYLES % WILLIAM A. BOYLES		
201 E. PINE ST. #1200 201 E. PINE ST. #1200	TINITURE CRACE	
ORLANDO FL 32801 ORLANDO FL 32801 DO NOT WRITE  3. Date Incorporated or Qualified	E IN THIS SPACE	·
10/31/1988		
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	<del></del>	plied For
21 26 59-2937433		t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc	.⊟ \$8.75 A Fee Re	
22		<del>`</del>
	\$5.00	
23 Trust Fund Contribution  Zip Country Zip Country 8 This corporation owes the current	Added t	o rees
	nt year intangible	□No
24 25 29 30 Personal Property Tax.  9. Name and Address of Current Registered Agent 10. Name and Address of New Re		
9. Name and Address of Current Registered Agent 81 Name		
BOYLES, WILLIAM A.		
201 E. PINE ST.  82 Street Address (P.O. Box Number is Not Acceptab	ile)	
#1208		
ORLANDO FL 32801 #1200		
84 City	FL 85 Zip 0	Code
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the proffice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    VIVIE Registered Agent signature, required when rejinstation)	urpose of changing its the appointment as re	registered gistered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)	urpose of changing its the appointment as re	gistered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICE	urpose of changing its the appointment as re	gistered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICE INTIME  TITLE  PST  DELETE  1.1 TITLE	urpose of changing its the appointment as re DATE CERS AND DIRECTO	RS IN 12
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS  TITLE  PST  DELETE  1.1 TITLE  NAME  MIRZA. IQBAL M.	urpose of changing its the appointment as re DATE CERS AND DIRECTO	RS IN 12
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIgnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICE AMME  INTILE  NAME  MIRZA. IQBAL M.  STREET ADDRESS  1.3 STREET ADDRESS  1.3 STREET ADDRESS	urpose of changing its the appointment as re DATE CERS AND DIRECTO	RS IN 12
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICE AMME  NAME  NAME  MIRZA. IQBAL M.  12. NAME  STREET ADDRESS  CITY-ST-ZIP  MAITLAND FL  14. CITY-ST-ZIP	urpose of changing its the appointment as re DATE CERS AND DIRECTO	RS IN 12
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIgnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICE AMMERICAL ADDITIONS/CHANGES TO OFFICE ADDITIONS/CHANGES TO OFFICE AMMERICAL ADDITIONS/CHANGES ADDITIONS/CHANG	Urpose of changing its the appointment as re	RS IN 12
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICE  TITLE  NAME  MIRZA. IQBAL M.  STREET ADDRESS  CITY-ST-ZIP  MAITLAND FL  TITLE  D  MIRZA. IQBAL M.  DELETE  1.4 CITY-ST-ZIP  TITLE  D  MIRZA. IQBAL M.  22 NAME	Urpose of changing its the appointment as re	RS IN 12
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICER AMME  NAME   MIRZA. IQBAL M.   12 NAME   12 NAME   13 STREET ADDRESS   13 STREET ADDRESS   13 STREET ADDRESS   14 CITY-ST-ZIP   17TLE   D	Urpose of changing its the appointment as re	RS IN 12
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12.	Urpose of changing its the appointment as re	RS IN 12
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICER AME   STREET ADDRESS   ADDITIONS/CHANGES TO OFFICER AME   12 NAME   12 NAME   12 NAME   13 STREET ADDRESS   13 STREET ADDRESS   14 CITY-ST-ZIP   14 CITY-ST-ZIP   17 TILE   17 TILE   17 TILE   18 S875 S. HWY 17-92   23 STREET ADDRESS   24 CITY-ST-ZIP   17 TILE   17 TILE   18 S875 S. HWY 17-92   23 STREET ADDRESS   24 CITY-ST-ZIP   17 TILE   17 TILE   18 S875 S. HWY 17-92   23 STREET ADDRESS   24 CITY-ST-ZIP   17 TILE   18 S875 S. HWY 17-92   23 STREET ADDRESS   24 CITY-ST-ZIP   17 TILE   18 S875 S. HWY 17-92   23 STREET ADDRESS   24 CITY-ST-ZIP   17 TILE   18 STREET ADDRESS   27 CITY-ST-ZIP   18 S875 S. HWY 17-92   23 STREET ADDRESS   27 CITY-ST-ZIP   18 S875 S. HWY 17-92   23 STREET ADDRESS   27 CITY-ST-ZIP   18 S875 S. HWY 17-92   23 STREET ADDRESS   27 CITY-ST-ZIP   18 S875 S. HWY 17-92   23 STREET ADDRESS   27 CITY-ST-ZIP   18 S875 S. HWY 17-92   23 STREET ADDRESS   27 CITY-ST-ZIP   18 S875 S. HWY 17-92   23 STREET ADDRESS   27 CITY-ST-ZIP   18 S875 S. HWY 17-92   23 STREET ADDRESS   27 CITY-ST-ZIP   18 S875 S. HWY 17-92   29 STREET ADDRESS   27 CITY-ST-ZIP   18 S875 S. HWY 17-92   29 STREET ADDRESS   27 CITY-ST-ZIP   18 STREET ADDRESS   28 ST-ZIP   18 STREET ADDRESS   28 STREET	urpose of changing its the appointment as re  DATE  CERS AND DIRECTO  Change	RS IN 12 Addition
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12.	urpose of changing its the appointment as re  DATE  CERS AND DIRECTO  Change	RS IN 12 Addition
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12.	urpose of changing its the appointment as re  DATE  CERS AND DIRECTO  Change	RS IN 12 Addition
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12.	urpose of changing its the appointment as re  DATE  CERS AND DIRECTO  Change	RS IN 12 Addition
office or registered agent, or both, in the State of Flonda. Such change was authorized by the corporation's board of directors. Thereby accept agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICE ADDITIONS/CHANGES TO OFFIC	Urpose of changing its the appointment as re	RS IN 12 Addition Addition
office or registered agent, or both, in the State of Flonda. Such change was authorized by the corporation's board of directors. I nereby accept agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIgnature, typed or printed name of registered egent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICER AND DIRECTORS  11.1 ITILE  NAME  MIRZA. IOBAL M.  STREET ADDRESS  CITY-ST-ZIP  MATTLAND FL  12. NAME  MIRZA. IOBAL M.  STREET ADDRESS  CITY-ST-ZIP  MATTLAND FL  DELETE  12. TITLE  DAME  MIRZA. IOBAL M.  STREET ADDRESS  CITY-ST-ZIP  MATTLAND FL  DELETE  13. ADDITIONS/CHANGES TO OFFICER AND DIRECTORS  14. CITY-ST-ZIP  TITLE  DELETE  13. ADDITIONS/CHANGES TO OFFICER AND DIRECTORS  14. CITY-ST-ZIP  DELETE  3.1 ITILE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  DELETE  3.1 ITILE  AL CITY-ST-ZIP  TITLE  DELETE  AL CITY-ST-ZIP  TITLE  DELETE  AL CITY-ST-ZIP  TITLE  NAME  AL CITY-ST-ZIP  TITLE  NAME  AL CITY-ST-ZIP  TITLE  NAME  AL CITY-ST-ZIP  TITLE  AL CITY-ST-ZIP	Urpose of changing its the appointment as re	RS IN 12 Addition Addition
office or registered agent, or both, in the State of Florida. Such change was authonized by the corporation's board of directors. I hereby accept agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12.	Urpose of changing its the appointment as re	RS IN 12 Addition Addition
office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   12.	Urpose of changing its the appointment as re	RS IN 12 Addition Addition
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12.	Urpose of changing its the appointment as report to the appointment as rep	RS IN 12 Addition Addition

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 on an attachment with an address, with all other like empowered.

Ichal M. Mirza

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

RECPresident

☐ DELETE

407-834-7631

☐ Change

Addition

Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90057 020 \*\*\*150.00