FILED

Mar 17, 1999 8:00 am Secretary of State

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FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1. Corporation	NEN # K55135)			
	R AND GREEN P.A. ACCO	UNTANTS			
Principal Place	e of Business	Mailing Address		4 \$5 \$1 \$1 \$1 \$1 \$1 \$1 \$1	Bibit bibti Bibit bisti bibit ism
% THOMAS M. HERGNER % TH		% THOMAS M. HERGNER			
7523 ALOMA AVE SUITE 106 WINTER PARK FL 32792		7523 ALOMA AVE SUITE 106 WINTER PARK FL 32792		DO NOT WORK IN THE	ie edace
				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
				01/01/1989	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2920916	Not Applicable \$8.75 Additional
Suite, Apt.	#, etc.	Suite, Apt, #, etc		5. Certificate of Status Desired	Fee Required
22		City & State		1.5.1.0	
City & State	e	├ ¬ '		6 Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
ZIP	Country	Z _I p	Country	This corporation owes the current year had a some some state of the current year had a some some some some some some some some	
·ı	25		30	Personal Property Tax.	Yes □No
24	9. Name and Address of Curre		30	10. Name and Address of New Registere	d Agent
-			81 Name		
HERGNER, THOMAS M.			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
7523 ALOMA AVE.			82 Street Add	iless (F.O. Box Number is Not Acceptable)	
SUITE 106			83		
WITN	IE PARK FL 32792				85 Zip Code
			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607 1508, Florida Statute	s, the above-named corporati	poration submits this statement for the purpose only board of directors. I hereby accept the app	of changing its registered
office or re agent. La	egistered agent, or both, in the State m familiar with, and accept the oblig-	ations of, Section 607,0505, Flor	ida Statutes	on good of choose a. The ocy doose the sep-	
SIGNATURE					
<u></u>	Signature, typed or printed name of registered agr		Registered Agent Signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS F	Change Addition
TITLE	PD THOMAS M	C Dereie	K .		[<u>]</u>
NAME.	HERGNER, THOMAS M.		1 2 NAME		
STREET ADDRESS	7523 ALOMA AVE. #106		13 STREET ADDRESS		ļ
CITY-ST-ZIP	WINTER PARK FL	☐ DELETE	: 4 CITY-ST-ZIP 21 TITLE		Change Acdition
TITLE		Ŭ ∩creië	l I		
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CrTY-ST-ZIP	-	DELETE	2 4 CHY ST-ZIP		Change Addition
TITLE			32 NAME		
NAME			ii I		
STREET ADDRESS			3 3 STREET ADDRESS		i
CITY-ST-ZIP		☐ DELETE	34 CITY-ST-ZIP 41 TITLE		Change Addition
TITLE			4 2 NAME		
NAME			4 3 STREET ADDRESS		
STREET ADDRESS			N i		
CITY-ST-ZIP		☐ DELETE	4.4 CITY+ST-ZIP 5.1 TITLE		Change Addition
TITLE		C OFFEIT	52 NAME		
NAME			53 STREET ADDRESS		ļ
STREET ADDRESS			54 CITY-ST-ZIP		
TITLE		☐ DELETE:	6:TITLE		Change Addition
NAME			62 NAME		

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

Shamblegu Shomes M. Hegne

3-11-99

407-671-8385

R2E034 (11/98)