Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90021 049 ***150.00

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 # **K95490**

1. Corporation Name

ADMOLD EDEL

ANNOLD	EPEL, IVI	U., F.A.												
Principal Place of Business				Mailing Address						f 1881 Rilli men enemt mens minsa ins	II(881) BIBIT 818	1) E lbii Bieli Gi	Mit Minii tani	
1410 W. BROADWAY SUITE 101 OVIEDO FL 32765				1410 W. BROADWAY SUITE 101 OVIEDO FL 32765					3	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/12/1989				
2. Principal Place of Business				2a. Mailing Address					4	I. FEI Number		App	lied For	
21				26						59-2952063		Not	Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5	5. Certifcate of Status Desired		\$8.75 A		
City & State				City & State					-	S. Election Campaign Financing		\$5.00	·	
23				28					"	Trust Fund Contribution		Added to	• .	
Zip		Country		Zip	г	Count	try	***	8	3. This corporation owes the curre	ent year Inta	ngible Yes	□No	
24	25 29 30									Personal Property Tax. D. Name and Address of New R	,			
9. Name and Address of Current Registered Agent							31	Name		y, Hame and Addition to		·g		
EPEL M.D., ARNOLD 1410 W. BROADWAY						8	32	Street A	Address (P.O. Box Number is Not Acceptable)					
STE. 101							83							
OVIEDO FL 32765							,,							
							FL "					ł		
11. Pursuant to office or reagent. I ar	to the provision egistered age n familiar with	ons of Sections 607.050; ent, or both, in the State h, and accept the obligat	2 and 6 of Florid tions of	07.1508, Florida Sta da. Such change war , Section 607.0505,	itutes, s autho Florida	the abo orized to Statut	ove by t es.	-named co the corpora	orporation's b	on submits this statement for the board of directors. I hereby accept	purpose of o t the appoin	hanging its Iment as reg	registered jistered	
SIGNATURE											DATE			
Organizati Opera di Prince								signature req	quired wher	d when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
12.	OFFICERS AND DIRECTORS ☐ DELETE						13.			ADDITIONS/CITATIONS TO OF	I IOLINO AIVI	Change	Addition	
NAME	D DELETE 1.1.1 EPEL, ARNOLD 1.2													
STREET ADDRESS	·						1.3 STREET ADDRESS							
}							1.4 CITY-ST-ZIP						i	
CITY-ST-ZIP TITLE	OVILOUI	<u> </u>		☐ DELETE		2.1 TITL		-211				Change	Addition	
NAME						2.2 NAM	ΙE							
STREET ADDRESS	ا د سبید					2.3 STR	EET	ADDRESS -		وي م سين ۱۹۰۰ - جي شک السيسيمات		~~·~	~	
CITY-ST-ZIP						2. 4 CIT		T-ZIP				F3.0:	- Addition	
TITLE				☐ DELETE		3.1 TITL	E					☐ Change	☐ Addition	
NAME						3.2 NAM	Œ	l						
STREET ADDRESS						3.3 STR	EET	ADDRESS						
CITY-ST-ZIP						3.4. CIT		T-ZIP						
TITLE				☐ DELETE		4.1 TITL	E					Change	☐ Addition	
NAME						4. 2 NA	ΜE							
STREET ADDRESS						4.3 STR	EET	ADDRESS						

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.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ DELETE

□ DELETE

Addition

☐ Addition

Change

Change