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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUM	MENT # L01628						
Corporation	NATIONAL, INC.						
GENEOIC	MATIONAL, MO				I (BAISAN DI BRID) NAND DHÀ HÀ NA THÀ CHÀ	 	AND
Principal Place of Business Mailing Address) (Spiral) an energy that a property of	1 51477 41411 41417 41	
20751 S.R. 520 20751 S.R. 520 ORLANDO FL 32833-0982 ORLANDO FL 32833-0982							
					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					07/12/1989		
Principal Place of Business 2a. Mailing Address					4. FEI Number	فتنسب إسمار	plied For
21 26					<u>59-2961496</u>		t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	\$8.75 A Fee Red	
22 27 City & State City & State					6. Election Campaign Financing	\$5.00	_
23 28 28					Trust Fund Contribution	Added to	-
Zip Country Zip			Country		8. This corporation owes the current year	Intangible	_
24	25	29	30		Personal Property Tax.		□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registers	d Agent	_
POW	EDC IANET D		81	Name			į
BOWERS, JANET B. 20751 SR 520			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
145 N. MAGNOLIA AVE.			83				
ORLANDO FL 32833			63				
J.,			84	City		85 Zip C	Code
11 Purpupat	to the provisions of Sections 607 0502	and 607 1508 Florida Statute	s the above	e-named cor	moretion submits this statement for the numose	of changing its	registered
office or re	anietored agent or both in the State o	f Florida. Such change was au	ithorized by	the corporat	tion's board of directors. I hereby accept the app	pointment as rec	jistered
agent. I ai	m familiar with, and accept the obligati	ons of, Section 607.0000, Flor	ida Statutes	h			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Ager	nt signature requi	red when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	D DELETE		1.1 TITLE		•	☐ Change	Addition
NAME	21012217 211121		1.2 NAME				
STREET ADDRESS 1943 GREEN MEADOW LANE			1.3 STREET ADDRESS				:
CITY-\$T-ZIP			1.4 CITY-S 2.1 TITLE	IT-ZIP		Change	Addition
TITLE	BRALEY, GERALD		2.1 TITLE	ł	•		–
NAME	4040 ODEEN MEADOW LAND			TADORESS	•		
STREET ADORESS	ORLANDO FL		2.4 CITY-5				
CITY-ST-ZIP TITLE	SD	DELETE	3.1 TITLE	21-21		☐ Change	Addition
NAME	BOWERS, JANET BRALEY		3.2 NAME				
STREET ADDRESS	12700 NEWBY STREET		3.3 STREE	TADORESS			,
CITY-ST-ZIP	ORLANDO FL		3.4. CITY-5	ST-ZIP			
TITLE	VTD	☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME	BRALEY, JEFFEREY G.		4. 2 NAME				
STREET ADDRESS	19764 PADDOCK ST.			TADDRESS			
CITY-ST-ZIP	ORLANDO FL	☐ DELETE	4.4 CITY-S	ST-ZIP		☐ Change	Addition
TITLE	DDALEY LICA	□ nerese	5.1 TITLE 5.2 NAME			_ 51121190	
NAME	Braley, Lisa 19764 Paddock St.		1	TADORESS			
STREET ADDRESS	ORLANDO FL		5.4 CITY-S	î			
CITY-ST-ZIP TITLE	D	☐ DELETE	6.1 TITLE			Change	Addition
NAME	BOWERS, RICK		6.2 NAME				
STREET ADDRESS	12700 NEWBY STREET		6.3 STREE	T ADDRESS			

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

ORLANDO FL 32833