## FILED Feb 20, 1999 8:00 am Secretary of State

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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State

	1999	1999 DIVISION OF CORPORATIONS						02-20-1999 90122 015 ***150.00				
Corporation	IMENT # L											
Principal Plac	ce of Business		Mailing Address	· · · · · · · · · · · · · · · · · · ·					A BORIO DOM BROM			
1634 WINTER SPRINGS BLVD			257 D PLAZA DRIVE									
WINTER SPRIN			OVIEDO FL 32765									
US			US						RITE IN THIS	3 SPACE		
								3. Date Incorporated or Qualife	ed			
2. Principal Place of Business			T 0. M. W. A.I.					08/09/1989	<del></del>			
Z. Principal Place of Business			2a. Mailing Address					4. FEI Number			Applied For	
Suite, Apt	. #. etc.		26 Suite, Apt. #,	etc				59-2961912			Not Applicable	
22	, 0.0.		27	, oto.				5. Certifcate of Status Desired		,	Additional Required	
City & Sta	ite		City & State				+	6. Election Campaign Financin			May.Be.	
23			28					Trust Fund Contribution	a_ 🗅 .		to Fees	
Zip	Cou	ntry	Zip		Country			8. This corporation owes the co	urrent year In			
24	25		29	3	0			Personal Property Tax.	ž.	☐ Yes	□No	
	9. Name and Add	dress of Current	Registered Agent					10. Name and Address of Nev	/ Registered	Agent		
WHI	ite, kenneth l				81	Name		•				
1634 WINTER SPRINGS BLVD					82	Street	Address	s (P.O. Box Number is Not Acce	ptable)			
	TER SPRINGS FL				-			<del></del>				
		2.00			83							
					84	City		······································		85 Zip	Code	
11 Pursuant	to the provisions of S	ections 607 0502	and 667 1508 Florid	ta Statutos	the above	namad	corpora	tion cubmits this statement for th	FL	= [	la ranistarad	
office or i	registered agent or by	th, in the State of	Florida. Such chang	ge was auth	norized by	the corpo	oration's	tion submits this statement for the board of directors. I hereby according	ept the appo	intment as r	egistered	
agent. I a	_		of, Section 607.0	1505, Floria	a Statutes.	•		•		_ سر -		
SIGNATURE	Signature typed or printed -	migroi iggioleita agent a	nd title if applicable.	(NOTE: Re	egistered Agen	t signature re	required wh	en reinstating)		<i>,-</i> * - ` .		
12.		OFFICERS AND			13.		<u> </u>	ADDITIONS/CHANGES TO C	FFICERS A	ND DIRECT	ORS IN 12	
TITLE	D		□ DE	LETE	1.1 TITLE			****		Change	☐ Addition	
NAME	WHITE, KENNETI				1.2 NAME							
STREET ADDRESS					1.3 STREET	ADDRESS						
CITY-ST-ZIP	WINTER SPRINGS	S FL			1.4 CITY-ST	T-ZIP						
TITLE			□ DE	LETE	2.1 TITLE					Change	☐ Addition	
NAME					2.2 NAME							
STREET ADDRESS					2.3 STREET	- 1					;	
CITY-ST-ZIP TITLE			☐ DE	I ETE	2. 4 CITY-S	T-ZIP		.d		Channe	CO Addition	
NAME				LEIG	*			a	÷ ,	Change	Addition	
STREET ADDRESS					3.2 NAME 3.3 STREET	ADODESS						
CITY-ST-ZIP					3.4. CITY-ST	-						
TITLE			□ DE	LETE	4.1 TITLE	1-21				☐ Change	☐ Addition	
NAME					4. 2 NAME							
STREET ADORESS					4.3 STREET	ADDRESS						
CITY-ST-ZIP					4.4 CITY-ST	-ZIP					j	
RITLE			☐ DE	LETE	5.1 TITLE					Change	☐ Addition	
NAME				į	5.2 NAME						}	
STREET ADDRESS					5.3 STREET						}	
CITY-ST-ZIP		<del></del>		·	5.4 CITY-ST	-ZIP						
ITTLE			□ D€	LETE	6.1 TITLE					Change	☐ Addition	
NAME					6.2 NAME							
STREET ADDRESS					6.3 STREET	J						
מול דים עוני					E S A CITTY OF	ZID (					ŧ	

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.

SIGNATURE:

401-366-9668