Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90046 016 ***158.75

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 # L224

1. Corporation Name

TITLE

NAME

STREET ADDRESS

Principal Place P 0 BOX770245 ORLANDO FL 3	2877-249 Front St. 320	Mailing Address P.O. BOX 770249 ORLANDO FL 32877-024				DO NOT WRITE			
-118	Celebration, Fl	US			ļ	3. Date Incorporated or Qualifed		OI AOL	
	34747	•				10/12/1989			
	ace of Business # 32-0	2a. Mailing Address			-	4. FEI Number		App	olied For
21741 8	ront ST. calebration	26				<u>59-2981453</u>		 _	t Applicable
Suite, Apt.		Suite, Apt. #, etc.		اسر		5. Certifcate of Status Desired	X	\$8.75 A	
City & State	9	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28			ľ	Trust Fund Contribution		Added to	o Fees
Zip	Country	Zip 29	70 Co	ntry	,	This corporation owes the cum Personal Property Tax.	ent year Inta	angible ⊠ Yes	□No
241	9. Name and Address of Current		100		1	0. Name and Address of New R	Registered A	Agent	
				81 Name					
VILLA	ACAMPA, ALCIDES A.			82 Street	Addross	(P.O. Box Number is Not Accepta	hle)		
2849 EAGLE LAKE DRIVE ORLANDO FL 32837				62 3000	Addiess	(P.O. Box Mulliber is Not Accepte	abio)		
				83					
				044 034				85 Zip C	- odo
				84 City			FL	[65] Zip C	,oue
 office or re 	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	i Florida. Such change wa	s autnorize	a by the corp	oration's	board of directors. I hereby accep	t the appoir	ntment as rec	gistered
SIGNATURE	Classic Line of a sixted county				required whe	en reinstating)	DATE		
	Signature, typed or printed name of registered agent	and title if applicable. (N	OTE: Registere	Agent signature	required whe		DATE FICERS AN	D DIRECTO	RS IN 12
12.	OFFICERS AND	and title if applicable. (N	OTE: Registere	Agent signature	required whe	in reinstating) ADDITIONS/CHANGES TO OF		D DIRECTO	RS IN 12
12.	OFFICERS AND	and title if applicable. (N	OTE: Registere 13.	Agent signature	required whe				
12. TITLE NAME	OFFICERS AND PCEO VILLACAMPA, ALCIDES A.	and title if applicable. (N	OTE: Registere 13. 1.1 T	Agent signature					
12. TITLE NAME STREET ADDRESS	OFFICERS AND PCEO VILLACAMPA, ALCIDES A. P.O. BOX 770249	and title if applicable. (N	OTE: Registere 13. 1.1 T 1.2 N 1.3 S	Agent signature TLE AME					
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND PCEO VILLACAMPA, ALCIDES A. P.O. BOX 770249 ORLANDO FL 32877-0249	and title if applicable. (N	OTE: Registere 13. 1.1 T 1.2 N 1.3 S	Agent signature TLE AME TREET ADDRESS TY-ST-ZIP					
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND PCEO VILLACAMPA, ALCIDES A. P.O. BOX 770249 ORLANDO FL 32877-0249 VPS VILLACAMPA, BONNIE P.O. BOX 770249	DIRECTORS DELETE DELETE	217 22N 23S 2.44 3.17 4.21 4.3S 4.40 5.17 5.2N	Agent signature TILE AME TREET ADDRESS TY-ST-ZIP TILE TIL				☐ Change ☐ Change ☐ Change	Addition 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

SIGNATURE AND THEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

Change

☐ Addition