## 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

<ol> <li>Corporation</li> </ol>	IVIEN   # L31141 IOBBY, INC.	ļ					
Principal Plac	e of Business	Mailing Address			T 1900)LOST BEN 15100 ÖLDAS 17001 ATANI 1701 ATANI	. BIBIT BIBIT BIBIT	AND A BINCH LAND
11909 E COLO	NIAL DR	SABBAGH, JERRY R.					
ORLANDO FL	· · · · · · · · · · · · · · · · · · ·	764 PARK MANOR DR	IVE				
US ORLANDO FL 32825					DO NOT WRITE IN THI	S SPACE	
		US			3. Date Incorporated or Qualifed 11/17/1989		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26			59-2980543	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75	E-
22		27			_	Fee Re	quired
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00	-
23	O constant	28			Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Cou	iiu y	8. This corporation owes the current year II		□No.
24	25	[29]	30		Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	int Registered Agent		81 Name	10. Name and Address of New Registered	1 Ağent	
SAB	BAGH, JERRY R	•		- Name			
	PARK MANOR DR			82 Street Add	ress (P.O. Box Number is Not Acceptable)		
	ANDO FL 32825 .			83		<del>. , :</del>	
				55			1
				84 City		85 Zip (	Code
44 Driversient	4- 4	00 and 607 1509 Florida C	tationa the at		Flooration submits this statement for the purpose of	_	rapiatarad
agent, I a	m familiar with, and accept the oblig	pations of, Section 607.0505 pent and title if applicable.	, Florida Statı				
12.	T	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PT	☐ DELET	E 1.1 T(T	T.E.		Change	Addition
NAME	SABBAGH, JERRY R.		1.2 NA	ME			
STREET ADDRESS	!		1.3 ST	REET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			ry-st-zip	· · · · · · · · · · · · · · · · · · ·		
TITLE	VPS	☐ DEFELI	E 2.1 TIT	le		☐ Change	☐ Addition
NAME	SABBAGH, ANNA MARIE		2.2 NA	ME			
STREET ADDRESS	I		2207				
CITY-ST-ZIP			2.3 51	REET ADDRESS			
	ORLANDO FL		2. 4 Cl	TY-ST-ZIP			
TITLE	ORLANDO FL	☐ DELETI	2. 4 CF E 3.1 TIT	TY-ST-ZIP		☐ Change	Addition
NAME	OKLANDU FL	☐ DELETI	2. 4 Cl	TY-ST-ZIP		☐ Change	Addition
. 1	OKLANDU FL	☐ DELETH	2. 4 Cl E 3.1 TiT 3.2 NA	TY-ST-ZIP		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	ORLANDU FL		2.4 CF E 3.1 TF 3.2 NA 3.3 ST 3.4. CF	TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP		· .	
NAME STREET ADDRESS CITY-ST-ZIP TITLE	ORLANDU FL	☐ DELETI	2. 4 Cr E 3.1 TiT 3.2 NA 3.3 STI 3.4. Cr E 4.1 TIT	TY-ST-ZIP  LE  ME  REET ADDRESS  TY-ST-ZIP  LE		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OHLANDU FL		2. 4 CI E 3.1 TIT 3.2 NA 3.3 STI 3.4. CI E 4.1 TIT 4.2 NA	TY-ST-ZIP  LE  ME  REET ADDRESS  TY-ST-ZIP  LE  MME		· .	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OHLANDU FL		2. 4 CI E 3.1 TIT 3.2 NA 3.3 STI 3.4. CI E 4.1 TIT 4. 2 NA 4.3 STI	TY-ST-ZIP  LE  ME  REET ADDRESS  TY-ST-ZIP  LE  MME  REET ADDRESS		· .	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OHLANDU FL	☐ DELETE	2. 4 CI E 3.1 TIT 3.2 NA 3.3 STI 3.4. CF 4.1 TIT 4.2 NA 4.3 STI 4.4 CIT 4.4 CIT	TY-ST-ZIP  LE  ME  REET ADDRESS  TY-ST-ZIP  LE  MME  REET ADDRESS  Y-ST-ZIP	,	☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OHLANDU FL		2. 4 CI E 3.1 TIT 3.2 NA 3.3 STI 3.4. CI E 4.1 TIT 4.2 NA 4.3 STI 4.4 CIT E 5.1 TIT	TY-ST-ZIP  LE  ME  REET ADDRESS  TY-ST-ZIP  LE  MMC  REET ADDRESS  Y-ST-ZIP  LE		· .	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OHLANDU FL	☐ DELETE	2. 4 CI E 3.1 TIT 3.2 NA 3.3 STI 34. CI E 4.1 TIT 4.2 NA 4.3 STI 4.4 CIT 5.2 NAI	TY-ST-ZIP  LE  ME  REET ADDRESS  TY-ST-ZIP  LE  MME  REET ADDRESS  YY-ST-ZIP  LE  ME		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OHLANDU FL	☐ DELETE	2. 4 CI E 3.1 TIT 3.2 NA 3.3 STI 34. CI E 4.1 TIT 4.2 NA 4.3 STI 4.4 CIT 5.2 NAI 5.3 STI	TY-ST-ZIP  LE  MIE  REET ADDRESS  TY-ST-ZIP  LE  MME  REET ADDRESS  Y-ST-ZIP  LE  ME  REET ADDRESS		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	OHLANDU FL	☐ DELETE	2. 4 CI E 3.1 TIT 3.2 NA 3.3 STI 34. CI E 4.1 TIT 4. 2 NA 4.3 STI 4.4 CIT 5.2 NAI 5.3 STI 5.4 CIT	TY-ST-ZIP  LE  MME  REET ADDRESS  TY-ST-ZIP  LE  MME  REET ADDRESS  YY-ST-ZIP  LE  ME  REET ADDRESS  YY-ST-ZIP  LE  ME  REET ADDRESS  YY-ST-ZIP	•	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OHLANDU FL	☐ DELETE	2. 4 CI E 3.1 TIT 3.2 NA 3.3 STI 34. CI E 4.1 TIT 4. 2 NA 4.3 STI 4.4 CIT 5.2 NAI 5.3 STI 5.4 CIT	TY-ST-ZIP  LE  MME  REET ADDRESS TY-ST-ZIP  LE  MIE  REET ADDRESS	•	☐ Change	☐ Addition

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:

407-381-0395

**FILED** 

Jan 22, 1999 8:00am

**Secretary of State** 

01-22-1999 90007 030 \*\*\*150.00