03-08-1999 90087 004 ***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

DOCUN 1. Corporation MJT TOU		l								
Principal Place of Business Mailing Address							- I SUMPLIANT BUT ALTON STANDS TO SUMPLIANT	1 98 41 919 11 8 1	MAN MINNE MEMBER MI	OL BIRII (BBI
C/O 231 N. BERMUDA AVE. C/O 231 N. BERMUDA AVE.										
KISSIMMEE FL 34741 KISSIMMEE FL 34741							DO NOT WRIT	E IN THIS	SDACE	
							Date Incorporated or Qualifed	E IN HIIS	3FAGE	
							02/16/1990			
2. Principal Place of Business			2a. Mailing Address				4. FEI Number		Apr	olied For
21			26				59-2991398			Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.						\$8.75 A	dditional
22			27			_ >=	5. Certificate of Status Desired		Fee Rec	quired
City & State			City & State				6. Election Campaign Financing	П	\$5.00	May Be
23							Trust Fund Contribution	<u> </u>	Added to	Fees
Zip	Country		Zip Country				8. This corporation owes the current year Intangible			
24	25	29	30	o <u> </u>			Personal Property Tax.			□No
	9. Name and Address of Curre	nt Regis	stered Agent		Τ		10. Name and Address of New Ro	egistered .	Agent	<u></u>
THO	MAC MARILVAL			81	ľ	Name				
THOMAS, MARILYN				82	3	Street Addre	ss (P.O. Box Number is Not Acceptal	ole)		
1414 MYRNA LANE										
KISSIMMEE FL 34744				83	83					
				84	(City		FL	85 Zip C	ode
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State on familiar with, and accept the obliga	of Flori	da. Such change was auth	orized by	the	named corpor e corporation	ration submits this statement for the pairs board of directors. I hereby accept	urnose of	changing its introduced the changing its interest as reg	registered pistered
SIGNATURE								DATE		
12.	Signature, typed or printed name of registered age OFFICERS A			13.	mi się	gnature required	ADDITIONS/CHANGES TO OFF		ID DIRECTO	RS IN 12
TITLE	P	VO DIN	DELETE	1.1 TITLE			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-	Change	Addition
NAME	THOMAS, MARILYN		<u> </u>	1.2 NAME						
STREET ADDRESS	C/O 231 N. BERMUDA AVE.			1.3 STREET	TAD	ODRESS				
CITY-ST-ZIP	KISSIMMEE FL 34741			1.4 CITY-S		1				
TITLE			2.1 TITLE		-			☐ Change	Addition	
NAME				2.2 NAME						
STREET ADDRESS				2.3 STREET	TAD	DORESS				
CITY-ST-ZIP				2. 4 CITY-S	ST- Z	ZIP				
TITLE			☐ DELETE	3.1 TITLE			1		☐ Change	Addition
NAME				3.2 NAME						
STREET ADDRESS			•	3.3 STREET	TAD	DORESS				{
CITY-ST-ZIP				3.4. CITY-S	ST-Z	ZiP				
TITLE			☐ DELETE	4.1 TITLE					Change	Addition
NAME				4. 2 NAME					,	1
STREET ADDRESS				4.3 STREET	TAD	DDRESS				
CITY-ST-ZIP				4.4 CITY-S	T-Z	ηP P				
TITLE			☐ DELETE	5.1 TITLE	_				☐ Change	☐ Addition
NAME				52 NAME						
STREET ADDRESS				5.3 STREET	TAD	DDRESS				Į
CITY-ST-ZIP				5.4 CfTY-S	T-Z	UP UP				
TITLE			☐ DELETE	6.1 TITLE					Change	☐ Addition
NAME				6.2 NAME						
CTREET APPRECE				6.3 STREET	TAD	DDRESS				1

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

STREET ADDRESS