Applied For Not Applicable

\$8.75 Additional

Fee Required \$5.00 May Be

Added to Fees

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 # **L67805**

1. Corporation Name

Principal Place of Business	Mailing Address				
0409 TROUT RD DRLANDO FL 32836-6542	10409 TROUT RD ORLANDO FL 32838-6542				
	2a. Mailing Address				
Suite, Apt. #, etc.	⊢				
21	Suite, Apt. #, etc.				

9. Name and Address of Current Registered Agent

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90040 013 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

04/23/1990 4. FEI Number

59-3012471

	MENU, JAMES E.	82	Street Addres	s (P.O. Box Number i	s Not Acceptable)			
1450 SR 434 W SUITE 200								
	= =		83	}				
LONGWOOD FL 32750				City		FL	85 Zip C	
office or re	to the provisions of Sections 607.0502 and 60 egistered agent, or both, in the State of Florida m familiar with, and accept the obligations of,	a. Such change was au	ithorized by	the corporation	ation submits this stat 's board of directors, I	ement for the purpose of hereby accept the appo	changing its intment as req	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent and title if	applicable. (NOTE:	Registered Age	nt signature required w	then reinstating)	DATE		
12.	OFFICERS AND DIREC		13.		ADDITIONS/CHAI	NGES TO OFFICERS AN	ID DIRECTO	RS IN 12
TITLE	PVD	☐ DELETE	1.1 TITLE				☐ Change	☐ Addition
NAME	WALLIN, ALLEN DEAN		1.2 NAME					
STREET ADDRESS	1915 KING ARTHUR CIRCLE		1.3 STREE	T ADDRESS				ļ
CITY-ST-ZIP	MAITLAND FL		1.4 CITY-S	T-ZIP				
TITLE	STD	☐ DELETE	2.1 TITLE				☐ Change	☐ Addition
NAME	COOK, DONALD W.		2.2 NAME	-				{
STREET ADDRESS	10409 TROUT RD		2.3 STREE	T ADDRESS				
CITY-ST-ZIP	ORLANDO FL		2. 4 CITY-	ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE				☐ Change	☐ Addition
NAME			3.2 NAME					
STREET ADDRESS	- · · · · · · · · · · · · · · · · · · ·	حماج ستراياتها كا	3.3 STREE	TADORESS			• - •	
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE				☐ Change	☐ Addition
NAME			4, 2 NAME					Ì
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				
TITLE .		☐ DELETE	5.1 TITLE	ļ			Change	☐ Addition {
NAME			5.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			5.4 CITY-S	IT- ZIP				
TITLE	in the second of	☐ DELETE	6.1 TITLE				☐ Change	Addition
NAME			6.2 NAME			,		
STREET ADDRESS			6.3 STREE	TADDRESS				J
CITY-ST-ZIP			6.4 CITY-5		70			
14. I hereby of	certify that the information supplied with this fili on this annual report or supplemental annual	ing does not qualify for report is true and accus	the exempt rate and tha	ion stated in Sec it my signature s	ction 119.07(3)(i), Flo shall have the same le	rida Statutes. I further ce gal effect as if made und	rtify that the ir ler oath; that I	ntormation am an

Name

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 an attachment with an address, with all other like empowered.