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 # L88744

Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State City & State City & State 6. Election Campaign Financing \$5.00 May Be
Principal Place of Business 541 S. SEMORAN BLVD. WINTER PARK FL 32792 541 S. SEMORAN BLVD. WINTER PARK FL 32792 25
Principal Place of Business 541 S. SEMORAN BLVD. WINTER PARK FL 32792 541 S. SEMORAN BLVD. WINTER PARK FL 32792 541 S. SEMORAN BLVD. WINTER PARK FL 32792 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/01/1990 4. FEI Number 59-3016305 Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 23 Suite, Apt. #, etc. 24 City & State City & State 28 Country 29 Suite, Apt. # etc. 21 City & State 28 Country 29 Suite, Apt. # etc. 21 Suite, Apt. # etc. 22 Suite, Apt. # etc. 3. Date Incorporated or Qualifed 06/01/1990 4. FEI Number 59-3016305 Suite, Apt. # etc. 5. Certificate of Status Desired Fee Required Fe
S41 S. SEMORAN BLVD. WINTER PARK FL 32792 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed O6/01/1990 2. Principal Place of Business 2a. Mailing Address 2b. Suite, Apt. #, etc. 2c. Suite, Apt. #, etc. 2c. Suite, Apt. #, etc. 2c. City & State 2d. City & State 2d. City & State 2d. Country 2d. Country 2d. Country 2d. DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed O6/01/1990 4. FEI Number 59-3016305 Not Applicable 59-3016305 Suite, Apt. #, etc. 27 City & State 28 City & State 28 Country 29 Country 35.00 May Be Added to Fees A
DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/01/1990 2. Principal Place of Business 2a. Mailing Address 25 26 3. Date Incorporated or Qualifed 06/01/1990 4. FEI Number 59-3016305 59-301630
3. Date Incorporated or Qualifed O6/01/1990 2. Principal Place of Business 2a. Mailing Address 2b. Suite, Apt. #, etc. 2c. Suite, Apt. #, etc. 2c. City & State 2d. City & State 2d. Country 2d. Zip
2. Principal Place of Business 2. A Mailing Address 2. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country Zip Country Zip Country Applied For Not Applicable \$8.75 Additional Fee Required Fee Required \$5. Certificate of Status Desired Fee Required Fee Required \$5.00 May Be Added to Fees Sin Country B. This corporation owes the current year Intangible Personal Property Tax. PATEL, ANILKUMAR C S41 SEMORAN BLVD. WINTER PARK FL 32792 B3 Street Address (P.O. Box Number is Not Acceptable)
21 26 59-3016305 Not Applicable Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent PATEL, ANILKUMAR C 541 SEMORAN BLVD. WINTER PARK FL 32792 83 Street Address (P.O. Box Number is Not Acceptable) Winter PARK FL 32792
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite, Apt. #, etc. Suite, Apt. #, etc. 27 City & State City & State 28 Country Zip Country Zip Country Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing Trust Fund Contribution Registered Agent 8. This corporation owes the current year Intangible Personal Property Tax. 9. Name and Address of Current Registered Agent PATEL, ANILKUMAR C 541 SEMORAN BLVD. WINTER PARK FL 32792 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes the current year Intangible Personal Property Tax. Name 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) WINTER PARK FL 32792
City & State Country State Country State Country State Country Country State Coun
Trust Fund Contribution Added to Fees
Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax.
9. Name and Address of Current Registered Agent PATEL, ANILKUMAR C 541 SEMORAN BLVD. WINTER PARK FL 32792 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 83 83 83 83 83 83 83 83 83 83 83 83 8
PATEL, ANILKUMAR C 541 SEMORAN BLVD. WINTER PARK FL 32792 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 83 83 83 83 83 83 83 83 83 83 83 83 8
PATEL, ANILKUMAR C 541 SEMORAN BLVD. WINTER PARK FL 32792 82 Street Address (P.O. Box Number is Not Acceptable) 83 83
541 SEMORAN BLVD. WINTER PARK FL 32792 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable)
WINTER PARK FL 32792
84 City FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE DELETE 1.1 TITLE Change Addition
NAME PATEL, ANILKUMAR C 12 NAME
STREET ADDRESS 541 SEMORAN BLVD. 1.3 STREET ADDRESS
CITY-ST-ZIP WINTER PARK FL 32792 1.4 CITY-ST-ZIP
CITY-ST-ZIP WINTER PARK FL 32792 1.4 CITY-ST-ZIP Change Addition
CITY-ST-ZIP WINTER PARK FL 32792 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE NAME 22 NAME
CITY-ST-ZIP WINTER PARK FL 32792 1.4 CITY-ST-ZIP TITLE 2.1 TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS
CITY-ST-ZIP WINTER PARK FL 32792

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 suppliemental 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 comparation 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 charged, or on an attachment with an address, with all other like empowered.

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ DELETE

☐ DELETE

Change

Change

☐ Addition

☐ Addition

Mar 26, 1999 8:00 am Secretary of State

03-26-1999 90006 040 ***150.00