Apr 29, 1999 8:00 am Secretary of State

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## 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 # L98379**

Principal P ace		Mailing Address						
P O BOX 62147 ORLANDO FL 3		P O BOX 621477 ORLANDO FL 32862						
						/RITE IN THIS	SPACE	
					3. Date Incorporated or Qualif 08/3 1/1990	ed		
2. Principal Pf	lace of Business	2a. Mailing Address			4. FEI Number			Applied For
21		26			59-3031631			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	. 🗆		5 Additional
22		27						Required
City & State	e	City & State			6. Election Campaign Financia	ng 🔲		<b>00</b> May Be
23				<b>.</b>	Trust Fund Contribution			ed to Fees
Zip ¬	Country	Zip	Count	try	This corporation owes the corporation owes the corporation owes the corporation owes.	current year in	tangible Yes	⊒No
24	9. Name and Address of Curr	29	30		10. Name and Address of Ne	w Registered		
	9. Name and Address of Curr	en Registered Agent		31 Name	To. Hame and manage of the			
BIETZ	ZALA, THOMAS				(200 200 200 200 200 200 200 200 200 200			
5115 NADINE ST			18	Street A	Address (P.O. Bo) Number is Not Acco	eptable)		
031	ANDO FL 32807		[8	33				
							Tag Tag	Zip Code
			1	B4 City		FL	85 2	ip Code
agent. I ai	egistered agent, or both, in the Sta m familiar with, and accept the obli	teirt Florida. Such change was i	authorized t	by the corbo	corporation submits this statement for ration's board of directors. I hereby ac	the purpose of scept the applic	f changing intment as	its registered s registered
agent. I ai SIGNATUF:E	m familiar with, and accept the obli-	te (f Florida, Such change was gations of, Section 607.0505, Fi	authorized i orida Statut	by the corpo es.	ration's board of directors, i hereby ac		millinerit as	
agent. I all SIGNATUF:E	m familiar with, and a xcept the obli- Signature, typed or printed name of registered a OFFICERS A	te of Florida. Such change was gations of, Section 607.0505, Fi	authorized t orida Statut	by the corpo	ration's board of directors, i nereby ac		millinerit as	CTORS IN 12
agent. I all SIGNATUF.E	m familiar with, and a xcept the oblivious Signature, typed or printed name of registered a OFFICERS A	te (f Florida, Such change was gations of, Section 607.0505, Fi	authorized to crida Statut  : Registered A	by the corpo es. gent signature re	ration's board of directors, i hereby ac		ND DIREC	CTORS IN 12
agent. I all SIGNATUF:E  12. TITLE NAME	Signature, typed or printed na ne of registered a OFFICERS A	te (f Florida, Such change was gations of, Section 607.0505, Fi	E: Registered A  13. 1.1 TITL 1.2 NAM	by the corpo es. gent signature re	ration's board of directors, i hereby ac		ND DIREC	CTORS IN 12
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14. Thereby 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 employees to exceed this report as recuired by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an artist prent with an express, with all other like empowers.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

SIGNATURE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition