FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED
May 21, 1999 8:00 am §
Secretary of State

05-21-1999 90009 021 ****61.25

DOCUI	MENT # N9200 0	000559	·				
 Corporation 		Mailing Address 1190 PARTLOW DR WINTER GARDEN FL 34787 2a. Mailing Address 3. Date incorporated or Qualified 12/01/1992 2. Suite, Apt. #, etc. 4. FEI Number Applied For Not Applicable 7. Sty 2006975 Status Desired \$8.75 Additional Fee Required 7. Additional Fee Required 7. Additional Fee Required 7. Additional Fee Required 7. Additional 7. Additional					
WEST	MANGE UNTOLLO, INC.				303374 30009		
Principal Plac	e of Business	Mailing Address					
1190 PARTLOW DR WINTER GARDEN FL 34787 US		WINTER GARDEN FL 34787					
2. Principal P	lace of Business	2a. Mailing Address			Date Incorporated or Qualifed		
1		26					
Sulte, Apt. #, etc.		Suite, Apt. #, etc.				Apr	lied For
2		27		59-2906975			
City & Stat	е	City & State			5. Certificate of Status Desired		
3							
Zip	Country	·	_	ntry		-	- 1
4	25		30				rees
	<u> </u>	it vadiatesen vaeur		81 Name	car Mania and Laurence of trans traditions	2.1.30	
40144 147	्रिक्षिण हॉर्ड्स६ Namasasa						
ASMA, W				82 Street Add	ress (P.O. Box Number is Not Acceptable)		
	NILLARDISTRY (STATES)		ŀ	83			
MINIEK (GARDEN FL 34787		ļ			Tan 1 7:- 0	
				84 City	F		ode
11. Pursuant office or r	to the provisions of Sections 617.050 egistered agent, or both, in the State im familiar with, and accept the obliga	2 and 617.1508, Florida Statute of Florida. Such change was au tions of, Section 617.0503, Flori	s, the ab thorized da Statu	ove-named corporations.	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its i pointment as reg	egistered istered
SIGNATURE							
	Signature, typed or printed name of registered agei			Agent signature require		NO DIDECTOR	70 IN 42
12.					ADDITIONS/CHANGES TO OFFICERS F		
TITLE	D	☐ DELETE				[] Citalinge	(Addition
NAME	VOLL, LINDA						
STREET ADDRESS	1190 PARTLOW DR						
CITY-ST-ZIP	WINTER GARDEN FL 34787		_			□ Change	☐ Addition
TITLE	D .	- Officir					
NAME	VOLL, JOHN				•		
STREET ADDRESS	WINTER GARDEN FL 34787		1	ì			
CITY-ST-ZIP TITLE	_	DELETE	-			Change	Addition
NAME	DAVIS, SHERRY	_					
STREET ADDRESS	ALOS BARTION DE		1				
CITY-ST-ZIP	WINTER GARDEN FL 34787		1	1			
TITLE	D	☐ DELETE				Change	Addition
NAME	HOLDER, RILEY		4. 2 NA	ME			
STREET ADORESS	1190 PARTLOW DR		4.3 STI	REET ADDRESS			
CITY-ST-ZIP	WINTER GARDEN FL 34787		4.4 CIT	Y-ST-ZIP			
TITLE				1		Change	☐ Addition
NAME	DAVIS, DARREL		5.2 NA	ME			
	1190 PARTLOW DR		5.3 ST	REET ADDRESS			
CITY-ST-ZIP	WINTER GARDEN FL			Y-ST-ZIP			F-1.100
TITLE (REST OF SEE	•	☐ DELETE	6.1 TTT			Change	Addition
NAME	DAVIS, CAROL		6.2 NA				-
STREET ADDRESS			1	REET ADDRESS			}
CITY-ST-ZIP	WINTER GARDEN FL		6.4 CIT	Y-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 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 617, 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.