PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90088 029 ***150.00

DOCUMENT # P03827

IULLMAN	v H undley Kissimmee, In	IC.	-						
Principal Place	of Business	Mailing Address				-	911 (0 91 0 1014 0 FO	il Bigit grätt	AIMII MINII INN!
1886 ROUTE 52 1886 ROUTE 52									
HOPWELL JUNCTION NY 12533 HOPWELL JUNCTION NY 125			2533	33					
US		US				DO NOT WRI	TE IN THIS S	PACE	
						3. Date Incorporated or Qualifed			l
						10/25/1984			
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number		h	pplied For
21		26				<u>58-1611415</u>			ot Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		•	Additional equired
22		27							
City & State	9	City & State				6. Election Campaign Financing		•	May Be to Fees
23	Causta	28	Cou	intry		Trust Fund Contribution			10 1-669
Zip	Country	Zip	30	ити у		This corporation owes the curr Personal Property Tax.		ngible □Yes	□No
24	9. Name and Address of Current	t Basistared Agent	30	1		10. Name and Address of New I			
	9. Name and Address of Curren	I Kedizisian Main		81 Nan	ne	TV. Harry programmes		8	
PREM	NTICE-HALL CORPORATION SYS	STEM, INC.							
	HAYS STREET			82 Stre	et Addre	ss (P.O. Box Number is Not Accept	able)		
	AHASSEE FL 32301			83		W-31			
***==									
	•			84 City			FL	85 Zip	Code
14 0	Sections 607 050	2 4 CO7 1509 Florida Statut	oc the a	hove-nam	ed corno	ration submits this statement for the		hanging it:	s registered
office or reagent. I ar	to the provisions of Sections 607.050 egistered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such change was a tions of, Section 607.0505, Flo	uthorized orida Stat	d by the co	rporation	n's board of directors. I hereby acce	ot the appoint	ment as r	egistered
SIGNATURE	Division to the second				re required	when reinstating)	DATE		
	Signature, typed or printed name of registered agen OFFICERS AN	nt and title if applicable. (NOTE			re required	when reinstating) ADDITIONS/CHANGES TO OF		DIRECT	ORS IN 12
SIGNATURE 12. TITLE	OFFICERS AN		: Registered	d Agent signatu	re required			DIRECT	ORS IN 12
12.	OFFICERS AN	nt and title if applicable. (NOTE	Registered 13.	d Agent signatu	re required				
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6.4 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 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.

SIGNATURE: