FILED

03-06-1999 90080 038 ***150.00

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

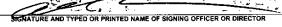
DOCUMENT # DAG

DOCUI	MENI # P40052	2						
1. Corporation		וטאו טב חו	EL AVAZADE					
DISK IE	CHNOLOGIES CORPORAT	IUN UP DE	CLAWANC			s constant lit billi dutil adidi dilili dilili	arno Arbu Bibli Br	
	•							
Principal Place of Business Mailing Address							BIBIL BIBIL BIBIL GI	MIL CINII IENI
·								
7033 STAPOINT COURT ST F STE F								
WINTER PARK FL 32792 WINTER PARK FL 32792						DO NOT WRITE IN TH	S SPACE	
US		US				3. Date Incorporated or Qualifed		
						08/14/1992		
2. Principal Place of Business 2a. Mailing Address			ling Address			4. FEI Number	·	olied For
21		26				59-3096516		Applicable
Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22		27	· · · · · · · · · · · · · · · · · · ·				Fee Rec	<u> </u>
City & State	e	City	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
23		28				Trust Fund Contribution) Fees
Zip	Country	Zip	Г	Country	'	8. This corporation owes the current year I		□No
24	25	29		30		Personal Property Tax. 10. Name and Address of New Registere		
	9. Name and Address of Curre	ent Registered	Agent	81	Name	10. Name and Address of New Registere	u Agent	
ΔΜΩ	S, C A			0,				
7033 STAPOINT CT				82	Street Add	iress (P.O. Box Number is Not Acceptable)		
STE F				83				
WINTER PARK FL 32792				65				
*****	TER FARRE LE GETGE			84	City	F	85 Zip C	ode
					L			
office or r	egistered agent, or both, in the Stati	e of Florida. Su	uch change was au'	thorized by	the corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	ointment as rec	jistered
agent. I a	m familiar with, and accept the oblig	ations of, Sect	tion 607.0505, Flori	da Statutes	i.	, , , , , , , , , , , , , , , , , , , ,	_	´
SIGNATURE								
	Signature, typed or printed name of registered ag				nt signature requir	ADDITIONS/CHANGES TO OFFICERS ADDITIONS/CHANGES ADDITIONS/CH	AND DIDECTO	DS IN 12
12.	PTD OFFICERS A	ND DIRECTO	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS /	☐ Change	Addition
TITLE			O SECTIO					
NAME	AMOS, C. ALLEN	. سر		1.2 NAME				
STREET ADDRESS	7033 STAPOINT COURT, STE	: F			T ADDRESS			
CITY-ST-ZIP	WINTER PARK FL		□ pc: crc	1.4 CITY-5	T-ZIP		Change	Addition
TITLE			☐ DELETE	2.1 TITLE			Onlange	
NAME				2.2 NAME				1
STREET ADDRESS				2.3 STREE	TADDRESS			
CITY-ST-ZIP				2. 4 CITY-	ST-ZIP		Changa	Addition
TITLE			☐ DELETE	3.1 TITLE			Change	
NAME				3.2 NAME				ļ
STREET ADDRESS				3.3 STREE	TADDRESS			1
CITY-ST-ZIP				3.4. CITY-	ST-ZIP			- Addition
TITLE			☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME				4. 2 NAME				ļ
STREET ADDRESS				4.3 STREE	T ADDRESS			ľ
CITY-ST-ZIP				4.4 CITY-5	IT-ZIP			D Addison
TITLE			☐ DELETE	5.1 TITLE		•	Change	☐ Addition
NAME				52 NAME				ſ
STREET ADDRESS					T ADDRESS			
CITY-ST-ZIP				5.4 CITY-5	T-ZIP			
TITLE			☐ DELETE	6.1 TITLE			☐ Change	Addition)
NAME				6.2 NAME				ĺ
OTDEET ADDRESS	1			6.3 STREE	T ADDRESS			

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.

6.4 CITY-ST-ZIP

SIGNATURE:



2/18/99

407-671-5500