Applied For

Fee Required \$5.00 May Be

Added to Fees

Yes

Not Applicable

\$8.75 Additional

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

DYKES, ROGER D

2210 KENTUCKY DERBY DR ORI ANDO EL 32825



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90046 019 ***150.00

DOCUMENT # P9300001441

Dinainal Blace of	F. Dunimona	Mailing Address
Principal Place of Business 2210 KENTUCKY DERBY DR ORLANDO FL 32825		2210 KENTUCKY DERBY DR ORLANDO FL 32825
_ • <u>ş</u> _	د الاستخداد کنی ن دیاده از	يندار <i>الا محي</i> ة، الله
2. Principal Place	e of Business	2a. Mailing Address
٦ .		2a. Mailing Address 26 Suite, Apt. #, etc.
2. Principal Place Suite, Apt. #, e City & State		26

|--|--|--|--|--|--|

		DO NOT WRITE I	N THIS	SPAC
3.	Date Incorp	orated or Qualifed		

01/04/1993 4. FEI Number

59-3156904

5. Certificate of Status Desired

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable)

Election Campaign Financing
 Trust Fund Contribution

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

								}
			84	,	FL		Zip Co	
office or re	to the provisions of Sections 607.0502 and 607.1508, F agistered agent, or both, in the State of Florida. Such of an familiar with, and accept the obligations of, Section 60	nange was author.	zed by	the corpo	corporation submits this statement for the purpose of c ration's board of directors. I hereby accept the appoint	nangin ment a	g its re is regis	gistered tered
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Regist	ered Agen	t signature re	equired when reinstating) DATE			
12.	OFFICERS AND DIRECTORS 13		13. ADDITIONS/CHANGE		ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	P	DELETE 1.	1 TITLE			Cha	nge	☐ Addition
NAME	DYKES, ROGER, D	1.	2 NAME					}
STREET ADDRESS	2210 KINTUCKY DERBY DRIVE	1.	3 STREET	ADDRESS				Ì
CITY-ST-ZIP	ORLANDO FL 32825	1.	4 CITY-S	r-zip				
TITLE	VP -	DELETE 2	† TITLE			☐ Cha	nge	Addition
NAME	HORSLEY, KEVIN	2.	2 NAME					ļ
STREET ADDRESS	-309-TUCKER-DRIVE	2 جم عمریت	3 STREET	ADDRESS	the second secon		سنجح	·
CITY-ST-ZIP	SANFORD-FL	2	4 CITY-S	T-ZIP				
TIFLE	T	DELETE 3.	1 TITLE			Cha	nge	Addition
NAME	DYKES, WANDA, D		2 NAME≓					 }.
STREET ADDRESS	2210 KENTUCKY DERBY DRIVE	3.	3 STREET	ADDRESS				}
CITY-ST-ZiP	ORLANDO FL 32825		4. CMY-S	T-ZIP				
TITLE	S	DELETE 4	1 TITLE			Cha	nge	☐ Addition
NAME	HORSLEY, MARY	4.	2 NAME					
STREET ADDRESS	309 TUCKER DRIVE	4	.3 STREET	ADDRESS				1
CITY-ST-ZIP	SANFORD FL		4 CITY-S	T-ZIP				
TITLE	Ł		1 TITLE			☐ Cha	nge	☐ Addition
NAME			2 NAME					İ
STREET ADDRESS		■ -		(ADDRESS				1
CITY-ST-ZIP			4 CITY-S	T- ZIP				CT 4.150
TITLE	L.	-	1 TITLE	İ		☐ Cha	nge	Addition
NAME		P -	2 NAME					ļ
STREET ADDRESS		6	.3 STREET	(ADDRESS				}
CITY-ST-ZIP		6	4 CITY-S	T-ZIP	Lin On attenda (10 07/07/6) Florido Ptetudo a l further porti			

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I. 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: ∠

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3-22-99

407 249-2357