FILED

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

i. Corporation	MENT # P93000 DVISOR'S OF AMERICA INC						
Principal Place	of Business	Mailing Address			E INDITION SIN INTER SUST AND STATE OF	YOUR BILDS BINS I	11941 8141 (881
101 SOUTHALL		101 SOUTHALL LANE					
SUITE 420 SUITE 420							
MAITLAND FL 32751 MAITLAND FL 32751					DO NOT WRITE IN THIS	SPACE	
US		US			3. Date Incorporated or Qualifed		
					01/22/1993		
······	lace of Business	2a. Mailing Address			4. FEI Number	 	t Applicable
21	ш	Suite, Apt. #, etc.			59-3161205	\$8.75 A	
Suite, Apt.	te-400-	27 Suite 40	~ ``		5. Certificate of Status Desired	Fee Re	
ار ک وت ا 22 City & Stat	•	City & State			6. Election Campaign Financing	\$5.00	May Ro
_	,	28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Country		8. This corporation owes the current year In	angible	
24	25	29 30	آ ا		Personal Property Tax.		□No
	9. Name and Address of Currer				10. Name and Address of New Registered	Agent	
			81	Name			
MCELYEA, JOHN H			82	Street A	Address (P.O. Box Number is Not Acceptable)		
100 E. FAITH TERRACE							
MAN	LAND FL 32751		83				
			84	City		85 Zip C	Code
-				•	F <u>L</u>	. `	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE							registered gistered
SIGNATURE	Signature pred or printed name of registered go	nt and title if applicable. (NOTE. Re	gistered Agen	Lignature re	equired when reinstating) DATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE /	Ø	☐ DELETE	. 1.1 TITLE			Change	☐ Addition
NAME	GALLOWAY, GREGORY B 12N		1.2 NAME		Gregory B Gallowy 2400 McIntosh way Maitland Fl 32751		}
STREET ADDRESS	2422 MOHAWK TRAIL 13S		1.3 STREET	ADDRESS	2400 MeIntern way		
CITY-ST-ZIP			1.4 CITY-ST	-ZIP	Maitland Fl 32751		
TITLE	DELETE 2.1 TI		2.1 TITLE	(☐ Change	Addition
NAME	22 N		2.2 NAME				
STREET ADDRESS	·		2.3 STREET	ADDRESS			• • •
CITY-ST-ZIP			2.4 CITY-S	T-ZIP		☐ Change	Addition
TITLE			3.1 TITLE				□ vaganon
NAME			32 NAME		,		
STREET ADDRESS			3.3 STREET	I			
CITY-ST-ZIP			3.4. CITY-S 4.1 TITLE	T-ZIP		☐ Change	Addition
TITLE						[_] ontainge	
NAME			4. 2 NAME	DDDDECE			
STREET ADDRESS			4.3 STREET 4.4 CITY-ST	1			
CITY-ST-ZIP TITLE		4.4 CI		1-4IF		Change	Addition
	 -		5.2 NAME			_ •	
NAME STREET ADDRESS				ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST	I			.
TITLE			6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

407 667 4728