05-07-1999 90020 009 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

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

Mailing Address 197 MONTGOMERY RD

**ALTAMONTE SPRINGS FL 32714** 

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9300009067

1. Corporation Name

Principal Place of Business

ALTAMONTE SPRINGS FL 32714

197 MONTGOMERY RD

GREGG A. WASSERMAN, C.P.A., P.A.

| }   |   |                                  |                     |  |                  | 01/27/1993   |              |              |
|---|---|----------------------------------|---------------------|--|------------------|--|--------------|--------------|
| 2. Principal P  | lace of Business                                    | 2a. Mailing Address              | 2a. Mailing Address |  |                  | 4. FEI Number                                      | Ap           | plied For    |
| 21  | 26  |                                  |                     |  |                  | 59-3160904   | No           | t Applicable |
| Suite, Apt.   | #, etc.   | Suite, Apt. #, etc.              |                     |  |                  | 5. Certificate of Status Desired                   | \$8.75 A     |              |
| 22  |   |                                  |                     |  |                  | 5. Certificate of Status Desired                   | Fee Re       | quired       |
| City & State City & State   |   |                                  |                     |  |                  | 6. Election Campaign Financing                     | \$5.00       | May Be       |
| 23  |   | 28                               |                     |  |                  | Trust Fund Contribution                            | Added to     | o Fees       |
| Zip   | Country Zip Co                                      |                                  |                     | ntry   |                  | 8. This corporation owes the current year Int      |              | _            |
| 24  | 25  | 29                               | 30                  |  |                  | Personal Property Tax.                             |              | □No          |
| Name and Address of Current Registered Agent  |   |                                  |                     | 10. Name and Address of New Registered Agent |                  |  |              |              |
| WASSERMAN, GREGG A<br>197 MONTGOMERY RD<br>ALTOMONTE SPRINGS FL 32714   |   |                                  |                     | 81 Name                                      |                  |  |              |              |
|   |   |                                  |                     | 82   | Street Add       | Iress (P.O. Box Number is Not Acceptable)          |              |              |
|   |   |                                  |                     |  |                  |  |              |              |
|   |   |                                  |                     | 83   |                  |  |              |              |
|   |   |                                  |                     | 84 City 85 Zip Code                          |                  |  |              | Code         |
| İ   |   |                                  |                     | 04   | City             | FL   | _            |              |
| 11. Pursuant  | to the provisions of Sections 607.050               | 2 and 607.1508, Florida Statu    | ites, the ab        | ove-   | -named corp      | poration 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   | Signature, typed or printed name of registered ager | nt and title if applicable. (NOT | E: Registered A     | Agent  | signature requir | red when reinstating) DATE                         |              |              |
| 12.   |   | ID DIRECTORS                     | 13.                 | <u> </u>                                     |                  | ADDITIONS/CHANGES TO OFFICERS AN                   | ND DIRECTO   | R\$ IN 12    |
| TITLE   | D DELETE 1:   |                                  |                     | LE   |                  |  | Change       | Addition     |
| NAME  | WASSERMAN, GREGG A                                  |                                  |                     | ME   |                  |  |              |              |
| !   | STREET ADDRESS 197 MONTGOMERY RD                    |                                  |                     | REET A                                       | ADDRESS          |  |              |              |
|   | ALTAMONTE OPPINOS EL COTA A                         |                                  |                     | Y-ST-  |                  |  |              |              |
| CITY-ST-ZIP   | ALIAMONIE OFRINGO I E 32/14                         |                                  |                     | 2.1 TITLE                                    |                  |  | Change       | Addition     |
| NAME  |   |                                  | 2.2 NA              |  |                  |  |              | {            |
|   |   |                                  |                     |  | ADDRESS          |  |              |              |
| STREET ADDRESS  |   |                                  | 2.4 CIT             |  |                  |  |              |              |
| CITY-ST-ZIP   |   |                                  |                     | LE   | -21              |  | Change       | ☐ Addition   |
|   | bearie  |                                  |                     |  |                  |  |              | _            |
| NAME  |   |                                  |                     | 3.2 NAME 3.3 STREET ADDRESS                  |                  |  |              | 1            |
| STREET ADDRESS  |   |                                  | •                   |  |                  |  |              |              |
| CITY-ST-ZIP   | T-ZIP OELETE  |                                  |                     | 3.4. CITY-ST-ZIP                             |                  |  | ☐ Change     | Addition     |
| TITLE   | □ OFFEIF  |                                  |                     | 4.1 TITLE                                    |                  |  |              |              |
| NAME  |   |                                  | 4, 2 NA             |  |                  |  |              | }            |
| STREET ADDRESS  |   |                                  |                     |  | ADDRESS          |  |              | ļ            |
| CITY-ST-ZIP   |   |                                  | 4 4 CIT             |  | ZIP              |  | D Channel    | - Dadrisian  |
| TITLE   | DELETE  |                                  |                     | 5.1 TITLE                                    |                  |  | ☐ Change     | ☐ Addition   |
| NAME  |   |                                  | 5.2 NAJ             |  |                  |  |              |              |
| STREET ADDRESS  |   |                                  |                     |  | ADDRESS          |  |              |              |
| CITY-ST-ZIP   |   |                                  | 5.4 CIT             |  | ·ZIP             |  |              |              |
| TITLE   | L. Decere   |                                  |                     | 6.1 TITLE                                    |                  |  | Change       | ☐ Addition   |
| NAME  | _   |                                  | 6.2 NA              | ME   |                  |  |              |              |
| STREET ADDRESS  |   |                                  |                     | 6.3 STREET ADDRESS                           |                  |  |              |              |
|   |   |                                  |                     |  |                  |  |              |              |

SIGNATURE:

14. Thereby 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 of mysters enpowered 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 of an attack mental production of the corporation of the receiver of mysters, with all other like empowered.

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