## 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 # P93000012340

PREMIER FREIGHT FORWARDERS, INC.

| Principal Plac                                                                                                                                                                                                                         | e of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Mailing Address                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                              | _                                                            |                                                                              |                                         | 3111 00151 00195  | 11616 11566 3111                    | ( 2) 0 ( ) <b>( 0)</b> ( ) ( 10 0 1 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------------------------------------|-----------------------------------------|-------------------|-------------------------------------|-------------------------------------|
| 9423 TRADEPO                                                                                                                                                                                                                           | ORT DR.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | P.O. BOX 622024                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                              |                                                              |                                                                              |                                         |                   |                                     |                                     |
| ORLANDO FL 32827                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ORLANDO FL 32862                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                              |                                                              | 1                                                                            | 50 NOT 14'5                             | TE IN THE         | CDACE                               |                                     |
| US                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | US                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                              | -                                                            | 1                                                                            | DO NOT WR                               |                   | SPACE                               |                                     |
|                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                              | 3                                                            | 1                                                                            | rated or Qualifed                       | l                 |                                     | i                                   |
| 6 5                                                                                                                                                                                                                                    | N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | On Marillan Address                                                |                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                              |                                                              | 02/10/199<br>FEI Number                                                      | <u> </u>                                |                   |                                     | pplied For                          |
| <del></del> 1                                                                                                                                                                                                                          | Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2a. Mailing Address                                                |                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                              | "                                                            | 59-31711                                                                     | 04                                      |                   | <b>⊢</b> -                          | ot Applicable                       |
| 21 Suita Ant                                                                                                                                                                                                                           | # -10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Suite, Apt. #, etc.                                                | <del> </del>                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                              |                                                              | <u> </u>                                                                     | 34                                      |                   |                                     | Additional                          |
| Suite, Apt.                                                                                                                                                                                                                            | #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 27                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                              | 5                                                            | i. Certifcate of                                                             | Status Desired                          |                   |                                     | equired                             |
| City & Stat                                                                                                                                                                                                                            | te                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | City & State                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                              | 6                                                            | Election Can                                                                 | npaign Financing                        |                   |                                     | May Be                              |
| 23                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 28                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                              | ĺ                                                            | Trust Fund C                                                                 |                                         | Ц                 |                                     | to Fees                             |
| Zip                                                                                                                                                                                                                                    | Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Zip                                                                | Country                                                                                                                                                                                                                                                                                                                                                                                                            | 7                                                                            | 8                                                            | . This corpora                                                               | tion owes the cur                       | rent year Into    | angible                             |                                     |
| 24                                                                                                                                                                                                                                     | 25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 29                                                                 | 30                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                              | 1                                                            | Personal Pro                                                                 | perty Tax.                              |                   | Yes                                 | □No                                 |
|                                                                                                                                                                                                                                        | 9. Name and Address of Curren                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                              | 10                                                           | . Name and A                                                                 | ddress of New !                         | Registered A      | Agent                               |                                     |
|                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    | 81                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                              | L                                                            | <br>  Diller T                                                               |                                         |                   |                                     |                                     |
| HARRIS, MARSHALL S                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    | Wheaton                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                              |                                                              |                                                                              | ber is Not Accept                       | able)             |                                     |                                     |
| 255 SOUTH ORANGE AVENUE                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    | (02)                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                              |                                                              | lgrove C                                                                     |                                         |                   |                                     |                                     |
| FIRSTATE TOWER S-800                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    | 83                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                              |                                                              | <u> </u>                                                                     | <del></del>                             |                   |                                     | _                                   |
| ORL                                                                                                                                                                                                                                    | ANDO FL 32801                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                    | 84                                                                                                                                                                                                                                                                                                                                                                                                                 | City                                                                         |                                                              | <del>_i</del>                                                                |                                         | <del></del>       | 85 Zip                              | Code                                |
|                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                    | Orlan                                                                        | ndo                                                          |                                                                              |                                         | <u>FL</u>         | 32                                  | 819                                 |
| 11. Pursuant                                                                                                                                                                                                                           | to the provisions of Sections 607.0502                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2 and 607.1508, Florida Statute                                    | s, the abov                                                                                                                                                                                                                                                                                                                                                                                                        | e-named c                                                                    | ornoratio                                                    | on submits this                                                              | statement for the                       | purpose of        | changing its                        | s registered                        |
| office or re<br>agent. I a                                                                                                                                                                                                             | registered agent, or both, in the State of improvements and accept the obligations of the contract of the cont | or Flonda. Such change was au<br>ijons of, Section 607.0505, Flori | inonzeu by<br>da Statutes                                                                                                                                                                                                                                                                                                                                                                                          | tne corpor<br>3.                                                             | rations i                                                    | l and or directo                                                             | rs, i liereby acce                      | praie appoi       | illingiil as it                     | Sgistered                           |
| SIGNATURE                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Billy J. Whe                                                       | . Ton                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                              |                                                              |                                                                              | 1                                       | 12519             | 19                                  |                                     |
| Signature, typed or project name of gisteron agent and title if applicable. (NOTE: Ro                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    | " P I U " \                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                              |                                                              |                                                                              |                                         | , , , ,           | <u>' _ L </u>                       |                                     |
|                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | t and title if applicable. (NOTE: F                                | Registered Age                                                                                                                                                                                                                                                                                                                                                                                                     | nt signature rec                                                             | quired when                                                  |                                                                              |                                         | DATE              | D DIDEOT                            | DD0 151 42                          |
| 12.                                                                                                                                                                                                                                    | OFFICERS AN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | t and titte if applicable. (NOTE: F<br>D DIRECTORS                 | Registered Age                                                                                                                                                                                                                                                                                                                                                                                                     | nt signature rec                                                             |                                                              | ADDITIONS/C                                                                  | CHANGES TO OF                           | DATE<br>FICERS AN |                                     |                                     |
| TITLE                                                                                                                                                                                                                                  | OFFICERS ANI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | t and title if applicable. (NOTE: F                                | 13.                                                                                                                                                                                                                                                                                                                                                                                                                | nt signature rec                                                             | P,T,                                                         | ADDITIONS/C                                                                  |                                         | DATE<br>FICERS AN | D DIRECTO                           | ORS IN 12                           |
| TITLE<br>NAME                                                                                                                                                                                                                          | OFFICERS AND<br>D<br>HARRIS, MARSHALL S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | t and titte if applicable. (NOTE: F<br>D DIRECTORS                 | 13.<br>1.1 TITLE<br>1.2 NAME                                                                                                                                                                                                                                                                                                                                                                                       |                                                                              | P,T,                                                         | ADDITIONS/C<br>S,D<br>aton, Bi                                               | 11y J.                                  | FICERS AN         |                                     |                                     |
| TITLE NAME STREET ADDRESS                                                                                                                                                                                                              | D<br>HARRIS, MARSHALL S<br>BOX 2254 N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | t and titte if applicable. (NOTE: F<br>D DIRECTORS                 | 13. 1.1 TITLE 1.2 NAME 1.3 STREE                                                                                                                                                                                                                                                                                                                                                                                   | TADORESS                                                                     | P,T,<br>Whiea                                                | ADDITIONS/C<br>S,D<br>aton, Bi<br>Landgre                                    | 11y J.<br>ove Ct.                       | DATE<br>FICERS AN |                                     |                                     |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                  | OFFICERS ANI<br>D<br>HARRIS, MARSHALL S<br>BOX 2254 N/A<br>ORLANDO FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | t and title if applicable. (NOTE: F<br>D DIRECTORS                 | 13. 1.1 TITLE 1.2 NAME 1.3 STREE                                                                                                                                                                                                                                                                                                                                                                                   | TADORESS                                                                     | P,T,<br>Whea<br>8046<br>Orla                                 | ADDITIONS/O<br>S,D<br>aton, Bi<br>Landgro<br>ando, FL                        | 11y J.<br>ove Ct.                       | DATE<br>FICERS AN | ☐ Change                            | X Addition                          |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE                                                                                                                                                                                            | OFFICERS ANI D HARRIS, MARSHALL S BOX 2254 N/A ORLANDO FL VS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | t and titte if applicable. (NOTE: F<br>D DIRECTORS                 | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE                                                                                                                                                                                                                                                                                                                                                              | TADORESS                                                                     | P,T,<br>Whea<br>8046<br>Orla                                 | ADDITIONS/O<br>S.D<br>aton, Bi<br>b Landgro<br>ando, FL                      | 11y J.<br>ove Ct.<br>32819              | <u>:</u>          | ☐ Change                            |                                     |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME                                                                                                                                                                                       | OFFICERS ANI D HARRIS, MARSHALL S BOX 2254 N/A ORLANDO FL VS O'FALLON, WILLIAM O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | t and title if applicable. (NOTE: F<br>D DIRECTORS                 | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME                                                                                                                                                                                                                                                                                                                                                     | T ADDRESS                                                                    | P,T,<br>Whea<br>8046<br>Orla<br>VP,I                         | ADDITIONS/O<br>S,D<br>aton, Bi<br>S Landgrando, FL<br>ando, FL<br>pherty-W   | 11y J.<br>ove Ct.<br>32819<br>heaton, R | <u>:</u>          | ☐ Change                            | X Addition                          |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS                                                                                                                                                                        | OFFICERS ANI D HARRIS, MARSHALL S BOX 2254 N/A ORLANDO FL VS O'FALLON, WILLIAM O 9423 TRADEPORT DR.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | t and title if applicable. (NOTE: F<br>D DIRECTORS                 | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE                                                                                                                                                                                                                                                                                                                                           | T ADDRESS                                                                    | P,T,<br>Whea<br>8040<br>Orla<br>VP,I<br>Daug<br>8040         | ADDITIONS/O<br>S,D<br>aton, Bi<br>Landgrando, FL<br>D<br>gherty-W<br>Landgra | 11y J.<br>ove Ct.<br>32819<br>heaton, R | <u>:</u>          | ☐ Change                            | X Addition                          |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                            | OFFICERS ANI D HARRIS, MARSHALL S BOX 2254 N/A ORLANDO FL VS O'FALLON, WILLIAM O 9423 TRADEPORT DR. ORLANDO FL 32827                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | t and title if applicable. (NOTE: FD DIRECTORS                     | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S                                                                                                                                                                                                                                                                                                                                | T ADDRESS                                                                    | P,T,<br>Whea<br>8040<br>Orla<br>VP,I<br>Daug<br>8040         | ADDITIONS/O<br>S,D<br>aton, Bi<br>S Landgrando, FL<br>ando, FL<br>pherty-W   | 11y J.<br>ove Ct.<br>32819<br>heaton, R | <u>:</u>          | ☐ Change ☐ Change L.                | Addition                            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE                                                                                                                                                      | OFFICERS ANI D HARRIS, MARSHALL S BOX 2254 N/A ORLANDO FL VS O'FALLON, WILLIAM O 9423 TRADEPORT DR. ORLANDO FL 32827 V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | t and title if applicable. (NOTE: F<br>D DIRECTORS                 | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE                                                                                                                                                                                                                                                                                                                      | T ADDRESS                                                                    | P,T,<br>Whea<br>8040<br>Orla<br>VP,I<br>Daug<br>8040         | ADDITIONS/O<br>S,D<br>aton, Bi<br>Landgrando, FL<br>D<br>gherty-W<br>Landgra | 11y J.<br>ove Ct.<br>32819<br>heaton, R | <u>:</u>          | ☐ Change                            | X Addition                          |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME                                                                                                                                                 | OFFICERS ANI D HARRIS, MARSHALL S BOX 2254 N/A ORLANDO FL VS O'FALLON, WILLIAM O 9423 TRADEPORT DR. ORLANDO FL 32827 V MATIAS, ILEANA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | t and title if applicable. (NOTE: FD DIRECTORS                     | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME                                                                                                                                                                                                                                                                                                             | T ADDRESS ST-ZIP T ADDRESS ST-ZIP                                            | P,T,<br>Whea<br>8040<br>Orla<br>VP,I<br>Daug<br>8040         | ADDITIONS/O<br>S,D<br>aton, Bi<br>Landgrando, FL<br>D<br>gherty-W<br>Landgra | 11y J.<br>ove Ct.<br>32819<br>heaton, R | <u>:</u>          | ☐ Change ☐ Change L.                | Addition                            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS                                                                                                                   | OFFICERS ANI D HARRIS, MARSHALL S BOX 2254 N/A ORLANDO FL VS O'FALLON, WILLIAM O 9423 TRADEPORT DR. ORLANDO FL 32827 V MATIAS, ILEANA 6405 NW 36TH STREET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | t and title if applicable. (NOTE: FD DIRECTORS                     | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE                                                                                                                                                                                                                                                                                                   | T ADDRESS IT-ZIP T ADDRESS ST-ZIP T ADDRESS                                  | P,T,<br>Whea<br>8040<br>Orla<br>VP,I<br>Daug<br>8040         | ADDITIONS/O<br>S,D<br>aton, Bi<br>Landgrando, FL<br>D<br>gherty-W<br>Landgra | 11y J.<br>ove Ct.<br>32819<br>heaton, R | <u>:</u>          | ☐ Change ☐ Change L.                | Addition                            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                      | OFFICERS ANI D HARRIS, MARSHALL S BOX 2254 N/A ORLANDO FL VS O'FALLON, WILLIAM O 9423 TRADEPORT DR. ORLANDO FL 32827 V MATIAS, ILEANA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | t and title if applicable. (NOTE: FD DIRECTORS                     | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME                                                                                                                                                                                                                                                                                                             | T ADDRESS IT-ZIP T ADDRESS ST-ZIP T ADDRESS                                  | P,T,<br>Whea<br>8040<br>Orla<br>VP,I<br>Daug<br>8040         | ADDITIONS/O<br>S,D<br>aton, Bi<br>Landgrando, FL<br>D<br>gherty-W<br>Landgra | 11y J.<br>ove Ct.<br>32819<br>heaton, R | <u>:</u>          | ☐ Change ☐ Change L.                | Addition                            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE                                                                                        | OFFICERS ANI D HARRIS, MARSHALL S BOX 2254 N/A ORLANDO FL VS O'FALLON, WILLIAM O 9423 TRADEPORT DR. ORLANDO FL 32827 V MATIAS, ILEANA 6405 NW 36TH STREET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | t and title if applicable. (NOTE: F D DIRECTORS                    | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S                                                                                                                                                                                                                                                                                        | T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP                           | P,T,<br>Whea<br>8040<br>Orla<br>VP,I<br>Daug<br>8040         | ADDITIONS/O<br>S,D<br>aton, Bi<br>Landgrando, FL<br>D<br>gherty-W<br>Landgra | 11y J.<br>ove Ct.<br>32819<br>heaton, R | <u>:</u>          | ☐ Change ☐ Change ☐ Change          | Addition                            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME                                                                     | OFFICERS ANI D HARRIS, MARSHALL S BOX 2254 N/A ORLANDO FL VS O'FALLON, WILLIAM O 9423 TRADEPORT DR. ORLANDO FL 32827 V MATIAS, ILEANA 6405 NW 36TH STREET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | t and title if applicable. (NOTE: F D DIRECTORS                    | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME                                                                                                                                                                                                                                                                     | T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP                           | P,T,<br>Whea<br>8040<br>Orla<br>VP,I<br>Daug<br>8040         | ADDITIONS/O<br>S,D<br>aton, Bi<br>Landgrando, FL<br>D<br>gherty-W<br>Landgra | 11y J.<br>ove Ct.<br>32819<br>heaton, R | <u>:</u>          | ☐ Change ☐ Change ☐ Change          | Addition                            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS                                                      | OFFICERS ANI D HARRIS, MARSHALL S BOX 2254 N/A ORLANDO FL VS O'FALLON, WILLIAM O 9423 TRADEPORT DR. ORLANDO FL 32827 V MATIAS, ILEANA 6405 NW 36TH STREET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | t and title if applicable. (NOTE: F D DIRECTORS                    | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE                                                                                                                                                                                                                                                           | T ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS                  | P,T,<br>Whea<br>8040<br>Orla<br>VP,I<br>Daug<br>8040         | ADDITIONS/O<br>S,D<br>aton, Bi<br>Landgrando, FL<br>D<br>gherty-W<br>Landgra | 11y J.<br>ove Ct.<br>32819<br>heaton, R | <u>:</u>          | ☐ Change ☐ Change ☐ Change          | Addition                            |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP                       | OFFICERS ANI D HARRIS, MARSHALL S BOX 2254 N/A ORLANDO FL VS O'FALLON, WILLIAM O 9423 TRADEPORT DR. ORLANDO FL 32827 V MATIAS, ILEANA 6405 NW 36TH STREET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | t and title if applicable. (NOTE: F D DIRECTORS                    | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME                                                                                                                                                                                                                                                                     | T ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS                  | P,T,<br>Whea<br>8040<br>Orla<br>VP,I<br>Daug<br>8040         | ADDITIONS/O<br>S,D<br>aton, Bi<br>Landgrando, FL<br>D<br>gherty-W<br>Landgra | 11y J.<br>ove Ct.<br>32819<br>heaton, R | <u>:</u>          | ☐ Change ☐ Change ☐ Change          | Addition                            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE                              | OFFICERS ANI D HARRIS, MARSHALL S BOX 2254 N/A ORLANDO FL VS O'FALLON, WILLIAM O 9423 TRADEPORT DR. ORLANDO FL 32827 V MATIAS, ILEANA 6405 NW 36TH STREET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Tand title if applicable. (NOTE: FD DIRECTORS                      | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S                                                                                                                                                                                                                                                | T ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS                  | P,T,<br>Whea<br>8040<br>Orla<br>VP,I<br>Daug<br>8040         | ADDITIONS/O<br>S,D<br>aton, Bi<br>Landgrando, FL<br>D<br>gherty-W<br>Landgra | 11y J.<br>ove Ct.<br>32819<br>heaton, R | <u>:</u>          | ☐ Change ☐ Change ☐ Change ☐ Change | M Addition  M Addition  Addition    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME                     | OFFICERS ANI D HARRIS, MARSHALL S BOX 2254 N/A ORLANDO FL VS O'FALLON, WILLIAM O 9423 TRADEPORT DR. ORLANDO FL 32827 V MATIAS, ILEANA 6405 NW 36TH STREET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Tand title if applicable. (NOTE: FD DIRECTORS                      | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME                                                                                                                                                                                                                             | T ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS                  | P,T,<br>Whea<br>8040<br>Orla<br>VP,I<br>Daug<br>8040         | ADDITIONS/O<br>S,D<br>aton, Bi<br>Landgrando, FL<br>D<br>gherty-W<br>Landgra | 11y J.<br>ove Ct.<br>32819<br>heaton, R | <u>:</u>          | ☐ Change ☐ Change ☐ Change ☐ Change | M Addition  M Addition  Addition    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS | OFFICERS ANI D HARRIS, MARSHALL S BOX 2254 N/A ORLANDO FL VS O'FALLON, WILLIAM O 9423 TRADEPORT DR. ORLANDO FL 32827 V MATIAS, ILEANA 6405 NW 36TH STREET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Tand title if applicable. (NOTE: FD DIRECTORS                      | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-S 5.1 TITLE 5.2 NAME                                                                                                                                                                                                                             | T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS ST-ZIP T ADDRESS T-ZIP T ADDRESS | P,T,<br>Whea<br>8040<br>Orla<br>VP,I<br>Daug<br>8040         | ADDITIONS/O<br>S,D<br>aton, Bi<br>Landgrando, FL<br>D<br>gherty-W<br>Landgra | 11y J.<br>ove Ct.<br>32819<br>heaton, R | <u>:</u>          | ☐ Change ☐ Change ☐ Change ☐ Change | M Addition  M Addition  Addition    |
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

**FILED** 

Feb 27, 1999 8:00 am

Secretary of State

02-27-1999 90100 008 \*\*\*150.00

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