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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 27, 1999 8:00am

**Secretary of State** 

01-27-1999 90016 002 \*\*\*150.00

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000015287

1. Corporation Name

Principal Place	e of Business	Mailing Address					
5665 RED BUG LAKE ROAD WINTER SPRINGS FL 32708  5665 RED BUG LAKE ROAD WINTER SPRINGS FL 32708					DO NOT WRITE IN THIS SPACE		
					, 00,00,000	, ,	
<del></del>	lace of Business	2a. Mailing Addre	ess		4. FEI Number 59-3172528		Applied For Not Applicable
21 Suite, Apt.	# etc	26 Suite, Apt. #,	etc.			_ \$8.7	5 Additional
22	,, 0.0.	27			5. Certifcate of Status Desired		Required
City & Stat	e	City & State			6. Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees
Zip	Country	Zip	Cou	intry	8. This corporation owes the curr	ent year Intangible	
24	25	29	30		Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	nt Registered Agent		81 Name	10. Name and Address of New F	Registered Agent	
LABI	DET CTEVEN M						
501 N. MAGNOLIA AVE.			44.	82 Street Address (P.O. Box Number is Not Acceptable)			
Suit	ΈA.			83			
					<u> </u>		
ORL	ANDO FL 32801			84 City		85 2	ip Code
		art or a second second second		"   "		FL	
11. Pursuant		02 and 607.1508, Florid e of Florida. Such chang lations of, Section 607.0	da Statutes, the a ge was authorized 5505, Florida Stat	bove-named cor	poration submits this statement for the tion's board of directors. I hereby accep	FL	
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	ations of, Section 607.0	J505, Florida Stat	bove-named cond by the corporat		purpose of changing of the appointment a	
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607.05 egistered agent, or both, in the State of familiar with, and accept the oblig	ent and title if applicable.	(NOTE: Registered	bove-named cond by the corporat	red when reinstating)	purpose of changing the appointment a	its registered s registered
11. Pursuant office or ragent. I a SIGNATURE	to the provisions of Sections 607.05 egistered agent, or both, in the State of familiar with, and accept the oblig Signature, typed or printed name of registered agency of the section of	ent and title if applicable.  ND DIRECTORS	(NOTE: Registered	bove-named cord by the corporat utes.	red when reinstating)  ADDITIONS/CHANGES TO OF	purpose of changing the appointment a	its registered s registered
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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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

SIGNATURE:

(0)

STREET ADDRESS

CITY-ST-ZIP

NAME

☐ DELETE

☐ Addition