Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90122 033 ***150.00

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 # **P93000029618**1. Corporation Name

Principal Place of Business P2 O ROX ROYTIO CONNOO RI 3280-100 US 2. Principal Place of Business PO ROX ROYTIO CONNOO RI 3280-100 US 2. Principal Place of Business PO ROX ROYTIO CONNOO RI 3280-100 US 2. Principal Place of Business PO ROX ROYTIO CONNOO RI 3280-100 US 2. Principal Place of Business PO ROX ROYTIO CONNOO RI 3280-100 US 2. Principal Place of Business PO ROX ROYTIO RIVER ROYTIO RIVER PO ROX ROYTIO RIVER ROYTI		LIDATED ERECTION SERVICE	CES, INC.			
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Suite, Apt. #, et.0" 22	21 37/ 50/	BLUD BLUD	⊢ , *		59-3178148	Not Applicable
City & State City & City	Suite, Apt.	#, etd		, -		\$8.75 Additional
City & State 20 Dog Country 28 Country 29 Country 29 Country 20 Country 20			27		5. Certificate of Status Desired	Fee Required
23 Page P		e			6. Election Campaign Financing	\$5.00 May Be
Zip Country Zip Country Zip Country Zip Country Zip Country Zip Sip Si	23 Amont	Kp .	28		Trust Fund Contribution	Added to Fees
3. Name and Address of Current Registered Agent ALLEN, THOMAS F 2722 CLOUDCROFT DRIVE APOPKA FL 32703 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-naphed Apopration submits this statement for the purpose of changing its registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-naphed Apopration submits this statement for the purpose of changing its registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-naphed Apopration submits this statement for the purpose of changing its registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-naphed Apopration submits this statement for the purpose of changing its registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-naphed Apopration submits this statement for the purpose of changing its registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-naphed Apopration submits this statement for the purpose of changing its registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-naphed Apopration submits this statement for the purpose of changing its registered agent and submits	z/p		Zip	Country	8. This corporation owes the current year In	
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2722 CLOUDCROFT DRIVE APOPKA FL 32703 84 Cly you key The corresponding to the provisions of Sections 607,0502 and 607 1508. Florida Statutes, the above-nagled-proporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if application. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. NAME ALLEN, THOMAS F 12. NAME ALLEN, THOMAS F 12. NAME ALLEN, THOMAS F 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITIE APOPKA FL 12. NAME 13. THE TADRESS 14. STREET ADDRESS 14. CITY-ST-2P TITLE APOPKA FL 15. TITLE APOPKA FL 16. Change Addition Addition ACChange Addition ACCHANGES CITY-ST-2P TITLE DELETE 13. TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. APOPKA FL 12. TITLE ACCHANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. APOPKA FL 13. THE TADRESS 14. CITY-ST-2P TITLE ACCHANGE ACCHANGE ACCHANGES ACCHY-ST-2P TITLE ACCHANGE ACCHANGE ACCHANGES CITY-ST-2P TITLE ACCHANGE ACCHANGES CITY-ST-2P TITLE ACCHANGE ACCHANGES ACCHY-ST-2P TITLE ACCHANGE ACCHANGE ACCHANGES ACCHY-ST-2P TITLE ACCHANGE ACCHANGES ACCHY-ST-2P TITLE ACCHANGE ACCHANGES ACCHY-ST-2P TITLE ACCHANGE ACCHANGE ACCHANGES ACCHANGE ACCHANG		THOMAS E		81 Name		
APOPKA FL 32703 83	l	· · · · ·		82 Street Ad	Idress (P.O. Box Nymber is Not Acceptable)	
11. Pursuant to the provisions of Sections 807.0502 and 607.1508, Florida Statutes, the above-nafied corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and state of Florida Statutes. 12					Spring HOLLOW Block	
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office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Floridal Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PDC ALLEN, THOMAS F 12. AME STREET ADDRESS APOPKA FL 13. SIREET ADDRESS 3.2.1 Spalling House William BLV DIRECTORS 13. SIREET ADDRESS APOPKA FL 14. CITY-ST-ZP PDOPK FL 3.3. TITLE Change Addition TITLE DELETE 2.1 TITLE 2.3. TITLE Change Addition STREET ADDRESS CITY-ST-ZP DELETE 3.1 TITLE Change Addition STREET ADDRESS CITY-ST-ZP DELETE 3.1 TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZP Change Addition STREET ADDRESS CITY-ST-ZP Change Change Addition STREET ADDRESS CITY-ST-ZP Change	_			Apup		_ 327/2
Agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signatura, typed or printed name of negistered agent and title if applicable. (NOTE: Registered Agent synature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PDC ALLEN, THOMAS F STREET ADDRESS 2722 CLOUDCROFT DRVE 13. STREET ADDRESS 3.2.1 Spring Hollow Blv to Addition 14. CITY-ST-ZIP TITLE APOPKA FL DELETE 2: TITLE APOPKA FL DELETE 3: TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ACTY-ST-ZIP TITLE DELETE 2: TITLE 2.2 NAME 3.2 NAME 3.2 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4: TITLE A.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4: TITLE A.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5: TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5: TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 5: TITLE STREET ADDRESS CITY-ST-ZIP Change Addition Addition Addition Addition Change Addition Addition Addition Addition Change Addition Addition Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition	11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute of Florida, Such change was all	s, the above-named too	propration submits this statement for the purpose of the purpose of the appointment of directors. I hereby accept the appointment of the appointme	r changing its registered pintment as registered
Signature, typed or printed name of registated agent and title displicative. (NOTE: Registated Agent signature required Wenn reinstrating) DATE	agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Flori	da Statutes.		-
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAMÉ

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

TITLE

NAME

STREET ADDRESS

☐ DELETE

846-0482

Change

☐ Addition