**PROFIT** CORPORATION ANNUAL REPORT



## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Feb 24, 1999 8:00 am FLORIDA DEPARTMENT OF STATE

Secretary of State 02-24-1999 90028 028 \*\*\*150.00

1999 DOCUMENT # P93000035559

FIRST FO	DUR ENTERPRISES, INC.						
Principal Place	e of Business	Mailing Address				AINE CICAL SIINI RICAL	#1\$10 talt 1001
1012 SLIGH BLVD. ORLANDO FL 32806 US  1012 SLIGH BLVD. ORLANDO FL 32806 US				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed			
					05/14/1993		uliad Can
	lace of Business	2a. Mailing Address			4. FEI Number	<del> </del>	plied For f
21	# 212	Suite, Apt. #, etc.			59-3190282	\$8.75 A	
Suite, Apt.	#, etc.	27			5. Certificate of Status Desired	- Fee Re	
City & State	<u> </u>	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	
Zip	Country 25	Zip 29 30	Country		This corporation owes the current year     Personal Property Tax.		□No
24	9. Name and Address of Current	<u> </u>	1		10. Name and Address of New Registe	<del></del>	
	J. Hame and Addiese of Carren		81	Name			
HALL, NANCY			82	Ctroot Adder	ess (P.O. Box Number is Not Acceptable)		
3894 -3897-VILLA ROSE LANE			62	Stieet Addie	ess (F.O. Box Number is Not Acceptable)		
ORLA	ANDO FL 32808		83				
			84	City		85 Zip C	Code
				•		-L	
	Othe provisions of Sections 607.050; egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was autho ions of, Section 607.0505, Florida	onzed by t Statutes.	ne corporatio	in s poard of directors. Thereby accept the ap		gistored
SIGNATURE	Signature, typed or printed name of egistered agen	CX		signature required	d when reinstating) DATE	4/1/17	
SIGNATURE	Signature, typed or printed name of egistered agen OFFICERS AN	t and title if applicable. (NOTE: Reg D DIRECTORS	gistered Agent			S AND DIRECTO	PRS IN 12
	Signature, typed or printed name of pogistered agen  OFFICERS AN	t and title if applicable. (NOTE: Reg	gistered Agent 13. 1.1 TITLE		d when reinstating) DATE	4/1/17	
12.	Signature, typed or printed name of Agistered agen  OF ICERS AN  P  HALL, NANCY	t and title if applicable. (NOTE: Reg D DIRECTORS	gistered Agent 13. 1.1 TITLE 1.2 NAME	signature required	d when reinstating) DATE	S AND DIRECTO	PRS IN 12
12.	P HALL, NANCY 3894 VILLA ROSE LANE	t and title if applicable. (NOTE: Reg D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET	signature required	d when reinstating) DATE	S AND DIRECTO	PRS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HALL, NANCY 3894 VILLA ROSE LANE ORLANDO FL 32808	t and title if applicable. (NOTE: Rec D DIRECTORS	gistered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET	signature required	d when reinstating) DATE	E AND DIRECTO	PRS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P HALL, NANCY 3894 VILLA ROSE LANE ORLANDO FL 32808 VST	t and title if applicable. (NOTE: Reg D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST- 2.1 TITLE	signature required	d when reinstating) DATE	S AND DIRECTO	PRS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P HALL, NANCY 3894 VILLA ROSE LANE ORLANDO FL 32808 VST YOHN, DONNA	t and title if applicable. (NOTE: Rec D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME	signature required  ADDRESSZIP	d when reinstating) DATE	E AND DIRECTO	PRS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P HALL, NANCY 3894 VILLA ROSE LANE ORLANDO FL 32808 VST YOHN, DONNA 608 TEAL AVE	t and title if applicable. (NOTE: Rec D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET	ADDRESS ADDRESS	d when reinstating) DATE	E AND DIRECTO	PRS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HALL, NANCY 3894 VILLA ROSE LANE ORLANDO FL 32808 VST YOHN, DONNA 608 TEAL AVE CELEBRATION FL 34747	t and title if applicable. (NOTE: Rec D DIRECTORS D DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST	ADDRESS ADDRESS	d when reinstating) DATE	S AND DIRECTO Change	PRS IN 12
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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

CITY-ST-ZIP

OFFICER OR DIRECTOR