## 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 # **P93000039080**

## Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90263 037 \*\*\*150.00

| 1. Corporation   |  | ING. INC.  |                      |           |                        |                           |         |  |  |           |  |                   |              |                       |                                     |         |
|--|--|--|----------------------|-----------|------------------------|---------------------------|---------|--|--|-----------|--|-------------------|--------------|-----------------------|-------------------------------------|---------|
|  |  | ł  |                      |           |                        |                           | •.      |  |  | ļ         |  |                   |              |                       |                                     |         |
|  |  |  |                      |           | <u> </u>               |                           |         |  |  |           |  | Balik Balik Beka  |              |                       |                                     |         |
| Principal Place  |  | S  |                      |           | ailing Address         |                           |         |  |  |           |  |                   |              |                       |                                     |         |
| 8026 SNAPPER TRAIL ORLANDO FL 32822  8026 SNAPPER TRAIL ORLANDO FL 32822   |  |  |                      |           |                        |                           |         |  |  |           | DO NOT WRITE IN THIS SPACE               |                   |              |                       |                                     |         |
|  |  |  |                      |           |                        |                           |         |  |  | ł         | 3. Date Incorporated or Qualife          |                   |              |                       |                                     | 1       |
|  |  |  |                      |           |                        |                           |         |  |  |           | 05/24/1993                               |                   |              |                       |                                     | l       |
| 2. Principal Pl  | ace of Busin   | ness   |                      | 2a.       | . Mailing Add          | ress                      |         |  |  |           | 4. FEI Number                            |                   |              | Appl                  | ied For                             | r       |
| 21   |  |  | <b>~</b>             | 26        |                        |                           |         |  |  |           | 59-3188928 <u>-</u>                      |                   |              | Not                   | Applicable                          | ١.      |
| Suite, Apt.  | #, etc.  |  | -                    | 27        | Suite, Apt. #          | , etc.                    |         |  |  |           | 5. Certifcate of Status Desired          |                   |              | <b>75</b> Ad<br>e Req | lditional<br>uired                  |         |
| City & State   |  |  |                      | 12:1      | City & State           | l                         |         |  |  |           | 6. Election Campaign Financing           |                   | \$5.         | <b>00</b> M           | lay Be                              | l       |
| 23   |  |  |                      | 28        | •                      |                           |         |  |  | ļ         | Trust Fund Contribution                  | ' 🗆               | •            | led to                |                                     | ı       |
| Zip  |  | Country  |                      | 1         | Ziρ                    |                           |         | Country  | ,  |           | 8. This corporation owes the cu          | rrent year Ir     |              |                       |                                     |         |
| 24   |  | 25   |                      | 29        |                        |                           | 30      |  |  |           | Personal Property Tax.                   |                   | <b>Z</b> Yes |                       | □No                                 | 1       |
|  | 9. Name  | and Address  | s of Current         | Regis     | stered Agent           |                           |         |  | _  |           | 10. Name and Address of New              | Registered        | Agent        |                       |                                     | l       |
|  |  | (=44)  |                      |           |                        |                           |         | 81   | Name   |           |  |                   |              |                       |                                     | 1       |
|  | ca, Robin<br>S Snappei   |  |                      |           |                        |                           |         | 82   | Street A   | Addres    | s (P.O. Box Number is Not Accep          | table)            | =            |                       |                                     |         |
| ORL  | ANDO FL  | 32822  |                      |           |                        | ٠                         |         | 83   |  |           |  |                   | •            |                       |                                     |         |
|  |  |  |                      |           |                        |                           |         | 84   | City   |           |  | FI                | 85           | Zip Ct                | ode                                 | l       |
| 44 Purguant  | to the provis  | ione of Soction  | ne 607 0502          | and 6     | 07 1508 Flor           | ida Statu                 | tes t   | he abov  | e-named o  | nomor     | ation submits this statement for th      | e numose o        | f changin    | a its re              | egistered                           | ĺ       |
| Affice or re   | agistared ac   | gent, or both, i<br>with, and accep  | n the State of       | Fioric    | da. Such char          | IDA WAS 2                 | auithe  | nzen ov  | the corbo  | ration'   | s board of directors. I hereby acc       | ept the appo      | ointment a   | is regi               | stered                              | ĺ       |
|  |  |  |                      |           |                        |                           |         |  | ••   |           |  |                   |              |                       |                                     | 1       |
| SIGNATURE  |  |  |                      |           |                        |                           |         |  |  |           | to a reignate line)                      | DATE              | _            |                       |                                     |         |
|  | Signature, types   | d or printed name o  |                      | ınd title | if applicable.         |                           |         | stered Age   |  | quired w  | nhen reinstating) ADDITIONS/CHANGES TO C | DATE<br>FFICERS A | ND DIRE      | CTOR                  | <br>RS IN 12                        |         |
| 12.  |  |  | f registered agent a | ınd title | if applicable.         |                           | E: Rege |  |  | quired w  | hen reinstating) ADDITIONS/CHANGES TO C  |                   | ND DIRE      |                       | RS IN 12                            | 000     |
| 12.  | D  | OF   | FICERS AND           | ınd title | if applicable.         | (NOTI                     | E: Rege | stered Age   |  | quired w  |  |                   | _            |                       |                                     | 00,477  |
| 12.<br>TITLE<br>NAME   | D<br>RICCA, F  | of<br>Robin Jean   | FICERS AND           | ınd title | if applicable.         | (NOTI                     | E: Rege | stered Ager 13. 1.1 TITLE 1.2 NAME   |  | quired w  |  |                   | _            |                       |                                     | 00,447  |
| 12. TITLE NAME STREET ADDRESS  | D<br>RICCA, F<br>8026 SN   | of<br>Robin Jean<br>Iapper Tr  | FICERS AND           | ınd title | if applicable.         | (NOTI                     | E: Regu | 13. 1.1 TITLE 1.2 NAME 1.3 STREE   | nt signature re  | quired w  |  |                   | _            |                       |                                     |         |
| 12.<br>TITLE<br>NAME   | D<br>RICCA, F<br>8026 SN<br>ORLAND                                       | of<br>Robin Jean   | FICERS AND           | ınd title | if applicable.         | (NOTI                     | E: Regi | stered Ager 13. 1.1 TITLE 1.2 NAME   | nt signature re  | quired w  |  |                   | _            | nge                   |                                     | 100,477 |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP  | D<br>RICCA, F<br>8026 SN<br>ORLAND<br>D                                  | OF<br>ROBIN JEAN<br>IAPPER TR<br>IO FL 32822                                   | FICERS AND           | ınd title | if applicable.         | (NOTI                     | E: Regu | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S  | nt signature re  | quired w  |  |                   | ☐ Cha        | nge                   | ☐ Addition                          |         |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | D<br>RICCA, F<br>8026 SN<br>ORLAND<br>D<br>RICCA, F                      | OF<br>ROBIN JEAN<br>IAPPER TR<br>IO FL 32822<br>BERNARD                        | FICERS AND           | ınd title | if applicable.         | (NOTI                     | E: Regu | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME   | nt signature re  | quired w  |  |                   | ☐ Cha        | nge                   | ☐ Addition                          |         |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   | D<br>RICCA, F<br>8026 SN<br>ORLAND<br>D<br>RICCA, F<br>8026 SN           | OF<br>ROBIN JEAN<br>IAPPER TR<br>IO FL 32822<br>BERNARD<br>IAPPER TRA          | FICERS AND           | ınd title | if applicable.         | (NOTI                     | E: Regu | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME   | T ADDRESS  | quired w  |  |                   | ☐ Chai       | nge                   | Addition                            |         |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS  | D<br>RICCA, F<br>8026 SN<br>ORLAND<br>D<br>RICCA, F                      | OF<br>ROBIN JEAN<br>IAPPER TR<br>IO FL 32822<br>BERNARD<br>IAPPER TRA          | FICERS AND           | ınd title | if applicable.         | (NOTI                     | E: Regu | 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  | quired w  |  |                   | ☐ Cha        | nge                   | ☐ 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.

SIGNATURE:

3-31-99

Daytime Phone #