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**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P93000042936

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90175 050 \*\*\*150.00

Principal Place of Business   Mailing Address   SON NERMUDA AVE KISSAMKE FI, 3474	DAGANI	MEALIT, ING.							
SSO N BERNULDA AVE KISSIMAEE FL 34741  2. Principal Place of Business   2.2. Mailing Address   0,6(11)(1993)  2. Principal Place of Business   2.3. Mailing Address   0,6(11)(1993)  3. Date incorporated or Qualified   0,6(11)(1993)  3. Date incorporated or Qualified   0,6(11)(1993)  3. Suite, Apt. #, etc.	Principal Place	of Business	Mailing Address			T I MBII MAT 118 : NEW 1910 BOTT ANGIT MOTT AN		102 (1110 3111 1801	
Note	•		500 N BERMUDA AVE						
2. Principal Place of Business   2a. Mailing Address   4. FEI Number   06/11/1993   2. Principal Place of Business   2a. Mailing Address   4. FEI Number   06/11/1993   3. Suite, Apt. #, etc.   S. Certificate of Status Desired   \$9.300529   3. City & State   City &						DO NOT WRITE IN TH	IC CDACE		
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City & State   City & Country   City & State   City & Country   City & Country   City & City						_			
City & State    28	—					5. Certificate of Status Desired	Fee F	Required	
28									
Zip	23	· — —							
9. Name and Address of Current Registered Agent  DAGANI, VALENTIN F JR 500 N BERMUDA AVE KISSIMMEE FL 34741  11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-varied corporation submits this statement for the purpose of changing its registered office or registered regint, or both, mis he State of Florida. Such change was authorized by the corporation's beard of directors. I hereby accept the appointment as registered office or registered regint, or both, mis he State of Florida. Such change was authorized by the corporation's beard of directors. I hereby accept the appointment as registered office or registered regint, or both, mis he grade was authorized by the corporation's beard of directors. I hereby accept the appointment as registered office or registered regint. I mis familiar with, and accept the obligations of Section 607 0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. COTY-51-2P  15. TITLE  15.		Country	Zip	Count	ry	8. This corporation owes the current year			
DAGANI, VALENTIN F JR 500 N BERMUDA AVE KISSIMMEE FL 34741  11. Provident to the provision of Sections 507.0502 and 507.1508, Florida Statutes.  11. Provident to the provision of Sections 507.0502 and 507.1508, Florida Statutes.  11. Provident to the provision of Sections 507.0502 and 507.1508, Florida Statutes.  11. Provident to the provision of Sections 507.0502 and 507.1508, Florida Statutes.  11. Provident to the provision of Sections 507.0502 and 507.1508, Florida Statutes.  12. Soften Time	24	25	29 3	30				∐No	
DAGANI, VALENTIN F JR 500 N BERMUDA AVE KISSIMMEE FL 34741  11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. an familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  OPERATOR OF PREMISSION OF PREMISSION OF SECTION OF STATE OF ST	-	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registere	d Agent		
Street Address (P.O. Eox Number is Not Acceptable)   Street Address (P.O. Eox Number is Not Acceptable)	DAG	SAU MALENTINI E ID		8	1 Name			İ	
KISSIMMEE FL 34741  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named 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, or both, in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of Sections 607.650. Florida Statutes, the corporation's board of directors. In hereby accept the appointment as registered agent, and accept the obligations of Sections 607.650. Florida Statutes, the corporation's board of directors. In hereby accept the appointment as registered agent, and accept the obligations of Sections 607.650. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of changing its registered of directors. In hereby accept the appointment as registered agent, or board of directors. In hereby accept the appointment as registered agent, and accept the obligations of Sections 607.650. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of directors. In hereby accept the appointment as registered agent, and accept the obligations of Sections 607.650. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of directors. In the corporation submits this statement for the purpose of changing its registered of directors. In the corporation submits this statement for the purpose of changing its registered of directors. In the corporation submits t					2 Street Add	dress (P.O. Box Number is Not Acceptable)			
11. Pursuant to the provisions of Soctions 607.0502 and 607.1509. Florida Statutes, the above-named 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 social provision of Soctions 607.0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  DAGANI, VALENTIN F JR  SOO N BERMUDA AVE  KISSIMMEE FL 34741  12. NAME  500 N BERMUDA AVE  KISSIMMEE FL 34741  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  12. NAME  500 N BERMUDA AVE  13. STREET ADDRESS  CITY-ST-2P  TITLE  DELETE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. CITY-ST-2P  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  15. ADDITI									
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named 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. Thereby accept the appointment as registered agent, or both, in the State of Florida Statutes.  SIGNATURE    12.				8	4 City		85 Zij	p Code	
office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept me appointment as registered agent, and accept the obligations of Section 807:0505; Florida's Structures.           SIGNATURE           12. OFFICERS AND DIRECTORS         13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.           TITLE         DAGANI, VALENTIN F JR         11.1 TITLE         Change         Addition           NAME         SISMMEE FL 34741         1.1 TITLE         Change         Addition           STREET ADDRESS         CITY-ST-ZIP         CITY-ST-ZIP <th colspan<="" th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></th>	<th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>								
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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 ampowered 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.

SIGNATIDE:

6.4 CITY-ST-ZIP

SIGNATURE: \_

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR