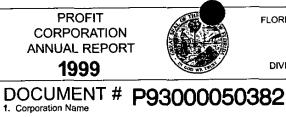
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 07, 1999 8:00 am Secretary of State 04-07-1999 90056 040 ***150.00

FOW FL	ORIDA, INC.										
Principal Place	o of Rusiness	Mailing Address						DI BIO IDION YIIBI DBAII (IUIII DALKI UBIBI	BALLIA BEBARUB ITAL	
•		5401 W OAKRIDGE ROAD				1					
5401 W OAKRIDGE ROAD ORLANDO FL 32819 ORLANDO FL 32819								DO NOT WE	RITE IN THIS	SPACE	
						<u> </u>	3. Date Incorr	porated or Qualifer			
						Ì '	07/19/19				
2. Principal Place of Business 2a. Mailing Address				—			4. FEI Numbe			I A	pplied For
34	26	,				62-1535885			I	ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.								of Status Desired		\$8.75	Additional
27							5. Certificate C	or Status Desired		Fee F	equired
City & State City & State							6. Election Ca	mpaign Financing	ى - ا	\$5.00	l-May Be-⊷
23			a myayaaan maddida 🛳 🗢				Trust Fund	Contribution	- u	Added	to Fees
Zip	Country Zip			itry		1	8. This corpor	ration owes the cu	rrent year Int		}
24	25	29	30					roperty Tax.		Yes	No
	9. Name and Address of Curre	nt Registered Agent					0. Name and	Address of New	Registered	Agent	
000	DOODATION INFORMATION OF	MACEC INC	ļ	81	Name	,					
CORPORATION INFORMATION SERVICES INC				82 Street Address ((P.O. Box Nui	mber is Not Accep	table)		
	HAYS STREET		ļ		 		-				:
IALI	LAHASSEE FL 32301			83							1
			<u> </u>	84	City			·	FL	85 Zip	Code
										, <u> </u>	a societored
agent. I a	to the provisions of Sections 607.05 registered agent, or both, in the State in familiar with, and accept the oblig Signature, typed or printed name of registered agents.	ations of, Section 607.0505, Flori	ua Statu	163.			on reinstating)		DATE		
12.		ND DIRECTORS	13.				ADDITIONS	/CHANGES TO O	FFICERS AN		
TITLE	D DELETE		1.1 TAT	1.1 TITLE						☐ Change	☐ Addition
NAME	BELZ, MARTIN S.		1.2 NAME								
STREET ADDRESS	530 OAK COURT DRIVE, #30	0 .	1.3 STREET ADDRESS tD			ive Re	wheel y Mac	e, Sh 1400 381D3			j
CITY-ST-ZIP	MEMPHIS TN		1.4 CIT	Y-ST	r-zip	Men	Mr 7N	38103			
TITLE	D	☐ DELETE	2.1 TIT	LE			•			☐ Change	☐ Addition
NAME	PHELPS, SPENCER S		2.2 NAME		}					-	
STREET ADDRESS	25 BAYRIDGE COURT		2.3 STF	REET	ADDRESS	i	'				
CITY-ST-ZIP	APOPKA FL		2. 4 CI	ry-s	T-ZIP	_					- Addition
TITLE	STD.	DELETE	,3. <u>1</u> ,TITI	LE	و م ح صنت -	حصيف إر		~~ 2000		Change	Addition
NAME	WILLIAMS, JIMMIE D.		3.2 NA	ME				ci than			
STREET ADDRESS	530 OAK COURT DR #300		3.3 STI	REET	'ADDRESS	100 Pc	ichoily flac	e Ste 1400			
CITY-ST-ZIP	MEMPHIS TN		3.4. CI		T-ZIP	New	hi, , The	59103		Change	☐ Addition (
TITLE	VD	☐ DELETÉ	4.1 TIII			1				□ change	
NAME	GROVEMAN, ANDREW J.		4. 2 NA			,_, ,	Plan Plan	ce Str 1400			
STREET ADDRESS	530 OAK COURT DR #300				ADDRESS						
CITY-ST-ZIP	MEMPHIS TN		4.4 CIT		T-ZtP	neu	aphis Th	0 18103		☐ Change	Addition
TITLE	PD	☐ DELÉTE	5.1 TIT							change	, — vocinoti (
NAME	BELZ, RONALD A.	_	5.2 NA		ADDRESS	100 0	outal Plan	4 , SH 1400			ł
STREET ADDRESS	530 OAK COURT DRIVE, #30	0	1								
CITY-ST-ZIP	MEMPHIS TN	☐ DELETE	5.4 CIT 6.1 TIT		1-ZIP	Hen	phs, TN	28 10 3		Change	Addition
TITLE			6.2 NA							C Suprige	
NAME											}
STREET ADDRESS .				3 STREET ADDRESS 4 CITY-ST-ZIP							
CITY-ST-ZIP	t .		■ 0.4 CH	1.0	ı-zır	1					

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 pool poor 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 employered 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 any address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #