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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90055 018 ***150.00

DOCUMENT # P93000056549

OSCEOLA MANAGEMENT AND CONSULTING, INC.

I PREITOR INC. SEA	 ******

Principal Place	e of Business	Mailing-Address		}				
1140 JENNIE RI		1140 JENNIE RIDGE TRAIL		}				
KISSIMMEE FL	34747	KISSIMMEE FL 34747		1	DO NOT WRIT	E IN THIS	SPACE	
				3. Date incorporate	ed or Qualifed			
				08/12/1993				
2 Principal DI	lace of Business	2a. Mailing Address		4. FEI Number			-11/	Applied For
		C720 1100 700 has	y Ridges Ct		•			Not Applicable
21	<u>/</u>	Suite, Apt. #, etc.	y Kinges -	5. Certifcate of Sta				Additional Required
City & State		27 City & State		6. Election Campa	ion Einancina			May Be
l		— · · ·	El	Trust Fund Cont	-			d to Fees
23 K i S.	Simmee Fl	28 KISSIMME ES	-Country	8.º This corporation		ent year Inta		
سد من 🗂	47 25	المرابع المرابع المرابع المرابع	30	Personal Proper		,	Yes	□No
24 347	9. Name and Address of Curren		30	10. Name and Add		egistered A	gent	
1140 KISS	IPHY, JAMES J D JENNIE RIDGE TRAIL SIMMEE FL 34747 To the provisions of Sections 607.050	2 and 607.1508, Florida Statute	83 110 84 CK	ddress (P.O. Box Number O Za Chary Simme Sopporation submits this sta	lidge	FL.	85 Zir	to engineered
office or re agent. I ar	to the provisions of Sections 607.050: egistered agent, or both, in the State in familiar with, and accept the obligations.	of Florida, Such change was au tions of, Section 607.0505, Flori	thorized by the corpor ida Statutes.	ation's board of directors.	I hereby accep	t the appoin	ment as i	egistered
VICNIATI IDE								
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE:	Registered Agent signature req	quired when reinstating)		DATE		
SIGNATURE		ID DIRECTORS	Registered Agent signature req			DATE	DIRECT	ORS IN 12
			Registered Agent signature req	quired when reinstasting) ADDITIONS/CHA	NGES TO OFF	DATE ICERS AND		ORS IN 12
12.	OFFICERS AN	ID DIRECTORS	Registered Agent signature req	quired when reinstasting) ADDITIONS/CHA	NGES TO OFF	DATE ICERS AND	DIRECT	ORS IN 12
12. TITLE	OFFICERS AN	ID DIRECTORS	Registered Agent signature req 13.	quired when reinstating)	NGES TO OFF	DATE FICERS AND	DIRECT	ORS IN 12
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14. I hereby certify that the information supplied with this filing does not quality 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 it made under out 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: SKINATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James J. Murphy