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 # P93000068364

1. Corporation Name

May 08, 1999 8:00 am Secretary of State

05-08-1999 90028 047 ***150.00

	OF ORLANDO, INC.	Alaitina Addresse							
Principal Place of Business Mailing Address 160 S. SEMORAN BLVD. ORLANDO FL 32807 ORLANDO FL 32807									
						DO NOT WRI	TE IN THIS	SPACE	
						3. Date Incorporated or Qualifed 09/27/1993		_	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number			pplied For
21 26				- <u></u>		59-3199908		N	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional lequired	
City & State City & State						6. Election Campaign Financing		\$5.00	May Be
23 28						Trust Fund Contribution			to Fees
Zip	Country	Zip		ıntry		8. This corporation owes the curr	ent year In		
24	25	29	30			Personal Property Tax.		☐Yes	□No
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New I	Registered	Agent	
OD4	AUTHER ALADIV			81	Name				l
GRANTIER, MARK 160 S. SEMORAN BLVD.				82	Street Addre	ess (P.O. Box Number is Not Accepta	able)		
ORLANDO FL 32807				83					
				84	City		FL	85 Zip	Code
SIGNATURE	Signature, typed or printed name of registered a	····		d Agen	t signature required		DATE	ND DIRECT	ODS IN 12
12.		AND DIRECTORS	13.	T. F.		ADDITIONS/CHANGES TO OF	FICERS A	Change	
TITLE	D ANTIED MARK	☐ OCTELE	TE 1.1 TITL 1.2 NAM					oneng=	
NAME	GRANTIER, MARK		1.3 STRE						
STREET ADDRESS	160 S. SEMORAN BLVD. ORLANDO FL 32807								
CITY-ST-ZIP	DVPS	□ DELETE 2.1 T			(-ZIP		_	☐ Change	Addition
TITLE	GRANTIER, MELISSA		2.2 NA/					-	
NAME STREET ADDRESS	160 S SEMORE BLVD 23			2.3 STREET ADDRESS					
CITY-ST-ZIP									
TITLE			3.1 TITLE				☐ Change	☐ Addition	
NAME			3.2 N	AME	ŀ				
STREET ADDRESS			338	TREE	ADDRESS				
CITY-ST-ZIP			3.4. (CITY-S	T-ZIP				
TITLE		☐ DELETE	4.1 T	TTLE				Change	Addition
NAME			4. 21	NAME					
STREET ADDRESS			4.3 \$	TREET	ADDRESS				
CITY-ST-ZIP			4.4 0	ITY-S	T-ZIP				
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NAME			1	IAME					
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CITY-ST-ZIP		——————————————————————————————————————	5.4 C	ITY-S	T-ZIP		_	☐ Change	Addition
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NAME				IAME					
STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP	1		6.4 0	Z-YTK	1-ZIP				

CITY-ST-ZIP 14. 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 of 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:

407 - 382-6807