Applied For

Fee Required \$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

## 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** 

Principal Place of Business	Mailing Address
1347 W. PINE ST. DRLANDO FL 32805	1347 W. PINE ST. ORLANDO FL 32805
¬ '	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite, Apt. #, etc.	26
City & State	26 Suite, Apt. #, etc.
Suite, Apt. #, etc.	26 Suite, Apt. #, etc. 27 City & State

## **FILED** Jun 09, 1999 8:00 am Secretary of State

06-09-1999 90010 035 \*\*\*550.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

11/24/1993 4. FEI Number

59-3222384

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

MOORE, BENJAMIN H CPA 1400 W. FAIRBANKS AVE. STE. 201			<u> </u> _	82 Street Address (P.O. Box Number is Not Acceptable) 83					
WINTER PARK FL 32789			L						
			84	City	FI	85 Zip C	ode		
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 office or 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Re	uistered Age	nt signature i	required when reinstating) DATE	_			
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12		
TITLE	PTD	☐ DELETE	1.1 TITLE			☐ Change	Addition		
NAME	BEERY, LLOYD H		1.2 NAME						
STREET ADDRESS	1823 ANTILLES PLACE		1.3 STREE	T ADDRESS					
CITY-ST-ZIP	ORLANDO FL 32806		1.4 CITY-5	T-ZIP					
TITLE	VSD	☐ DELETE	2.1 TITLE			Change	☐ Addition		
NAME	BEERY, LINDA T		2.2 NAME				Ì		
STREET ADDRESS	1823 ANTILLES PLACE		2.3 STREE	TADDRESS					
CITY-ST-ZIP	ORLANDO FL 32806		2.4 CITY-	ST-ZIP					
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition		
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREE	TADDRESS					
CITY-ST-ZIP			3.4. CITY-	ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE			Change	Addition		
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE	T ADDRESS					
CITY- ST- ZIP			4.4 CITY-5	T-ZIP					
TITLE		☐ DELETE	51 TITLE			Change	☐ Addition		
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	TADDRESS					
CITY-ST-ZIP			5.4 CITY- S	ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE			Change	Addition		
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	TADDRESS					
CITY-ST-ZIP			6.4 CITY-5						
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:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR