## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF \$1A16

ANNUAL		tary of State CORPOR	:	NS						
DOCUMI Corporation Na	ENT # <b>P9300</b>	000	84731 (	7)						
	ASSOCIATES INC.									
rincipal Place of Business Mailing Address							1   100  100		I 1914 I UI UI 100	
14718 BURNTY ORLANDO FL			14718 BURNTWOOL ORLANDO FL 3282							
							3. Date Incorporated or Qualified 12/06/1993		e of Last Re <b>05/01/19</b>	
Principal Place	of Business	2a. 26	Mailing Address				4. FEI Number 59-3224273			pplied For lot Applicable
Suite, Apt #. 6	etc.	27	Suite. Apt. #, etc.				5. Certificate of Status Desired	×		Additional lequired
City & State		28	City & State	,			6. Election Campaign Financing	()		May Be
Zip	Country		Zip Countr				Trust Fund Contribution  8. This corporation has lability for intangible tax under s. 199.032, Florida Statutes Yes No			
	25 9. Name and Address of Curren	29	tered Agent	30	Τ		10. Name and Address of New I		Agent	
	9. Name and Address of Curren	it riagis	tered Agent		81	Name				
CHANDNANI, RESHMA S					82	Street Addr	ess (P.O. Box Number is Not Accepta	ble)	<b></b>	- 1-1
	JURNTWOOD CR. DO FL 32826				83					
UNLAND	N FL 32020								<b>85</b> Zg	Code
					84	ļ <sup>*</sup>	ration submits this statement for the pu	FI	_   - '   '	
familiar with,	and accept the obligations of, Sectional accept the obligations of Sectional acceptance of the later of the l	tion 607.	apleace	es.	d A, <sub>k</sub> ,		ADDITIONS/CHANGES TO OF	[belt]		PRS IN 12
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AME	TOWNE, MATTHEW L				NAME					
REET ADDRESS	14718 BURNTWOOD CIR.			23	STREE	LADDRESS				
IY-ST-ZIP	ORLANDO FL					ST ZIP			☐ Change	Addition
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NAME				- 6	NAME					
STREET ADDRESS				6.3	SIR	FI ADDRESS				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 certify that I am an officer or director of the corporation or the receiver or trusted 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

SIGNATURE:

\*\*CHANDNAN\*\*

\*\*CHANDNAN\*\*

\*\*CHANDNAN\*\*

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6.4 CHY - ST - ZIP

CITY -ST-ZIP