## 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 # P94000007018

FAX-CAR	E IMAGII	NG S	systems ind	C.										
Principal Place	of Busines			Ma	iling Address							III AAII! BRIII A	) (   1   1   1   1   1   1   1   1   1	
976 CROSS CUT WAY LONGWOOD FL 32750					PO BOX 520682 LONGWOOD FL 32752 US				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed					
											01/19/1994			
2. Principal Pl	ace of Busin	2a.	2a. Mailing Address						4. FEI Number			plied For		
21		26						59-3221590			ot Applicable Additional			
Suite, Apt. #, etc.					Suite, Apt. #, etc.					5. Certificate of Status Desired	<u></u>	Fee Re	equired .	
City & State					City & State						6. Election Campaign Financing			May Be
23					28						Trust Fund Contribution			to Fees
Zip	Zip Country				Zip			Country			8. This corporation owes the curr	ent year Inta	ingible ☐ Yes	□No
24		25		29		30	0				Personal Property Tax.	logistered (		LINO
	9. Name	and.	Address of Curre	ent Regist	tered Agent			81	Nam		10. Name and Address of New F	(egistereu /	(Bailt	
DITA	TOMAS							٠''	Nam					
PITA, TOMAS 976 CROSS CUT WAY								82	Stree	et Addre	ss (P.O. Box Number is Not Accepta	able)		_
	GWOOD F						ŀ	83				·	<del>-</del>	
·							i	84 City				F <u>L</u>	11.	Code
agent. I a	m tamıllar w	nn, ar	ted name of registered ag	gations of,	f applicable.	oʻo, mond	egistered	1163.	•		ration submits this statement for the i's board of directors. I hereby acception when reinstating)  ADDITIONS/CHANGES TO OF	DATE		
12.	DATE		OFFICERS A	ND DIRE	CTORS DEL	CTC	13.				ADDITIONS/CHANGES TO OF	FICERS AN	☐ Change	Addition
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NAME	PITA, TO		THE WAY				1.2 NA		• • • • • • • • • • • • • • • • • • • •	_				}
STREET ADDRESS	-								ADDRE	»				
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TITLE					☐ DEL	.ETE	6.1 TIT						Change	Addition
NAME	ļ						6.2 NA							·
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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 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.

6.4 CITY-ST-ZIP

STREET ADDRESS

Mar 26, 1999 8:00 am Secretary of State

03-26-1999 90006 045 \*\*\*150.00