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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

i	1999	DIVISION OF CO	ORPORATIONS	04-29-1999 902	66 040 ***150.0	00
DOCUI	MENT # P94000	0027116				
i .	OWING, INC.					
Principal Place	e of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·	Comment the sound services in se	liti Oliva iisir idaat iisel ii	1819 BITT 1881
560 SOUTH CR	t. 427	560 SOUTH CR. 427				
SUITE 2 LONGWOOD FL 32750		SUITE 2 LONGWOOD FL 32750		DO NOT WRITE IN THIS SPACE		
US	. 32730	US		3. Date Incorporated or Qualifed		
				04/07/1994		
	lace of Business	2a. Mailing Address	-5018-T	4. FEI Number	<u> </u>	lied For
21 Suito Ant	# oto	26 Suite, Apt. #, etc.	$\frac{\sqrt{\alpha}}{\sqrt{\alpha}}$	59-3233070	\$8.75 Ad	Applicable
Suite, Apt.	#, etc.	27 \0000	∞d	5. Certifcate of Status Desired	Fee Req	
City & State	е	City & State	3752	Election Campaign Financing Trust Fund Contribution	\$5.00 N Added to	
Zip	Country	Zip	Country	8. This corporation owes the current		_/
24	25			Personal Property Tax. 10. Name and Address of New Regi		ZÑo
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Regi	stered Agent	<u></u>
FLO\	WER, BRUCE W		00 0	(D.O. Boy Number is Net Assentable	\	
511 NORTH MAITLAND AVE.			82 Street Add	ress (P.O. Box Number is Not Acceptable		
SUITE 5			83			
MAIT	ILAND FL 32751		84 City		85 Zip Ce	ode
	·				FL S	
44 5		00 1 CO7 4500 C1 C1-4-404	a the shows named con	poretion cultimite this statement for the nur	noce of changing its r	enistered
office of r	egistered agent or both in the State	e of Florida. Such change was au	thorized by the corporati	poration submits this statement for the pur ion's board of directors. I hereby accept th	pose of changing its r e appointment as reg	egistered istered
office or reagent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was au	thorized by the corporati	poration submits this statement for the pur ion's board of directors. I hereby accept th	pose of changing its r e appointment as reg	egistered istered
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 reports 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 of the feceiver 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: