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 # P94000042209

1. Corporation Name

SRT OF ORLANDO INC.

Principal Place of Busines	S
6513 SUGARBUSH DR	

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90098 027 ***150.00



Principal Place	e of Business	Mailing Address				
6513 SUGARBU		6513 SUGARBUSH DR	•			
ORLANDO FL 3	2819-4564	ORLANDO FL 32819-4564	7		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed	
					06/01/1994	
. Original Di	and of Business	2a. Mailing Address			4. FEI Number Applied For	
——————————————————————————————————————					59-3248689 Not Applicable	
21 26					\$8.75 Additional	
Suite, Apt. #, etc. Suite, Apt. #, 6				5. Certificate of Status Desired Fee Required		
City & State	<u> </u>	City & State			6. Election Campaign Financing S5.00 May Be	
		28	¬ ·		Trust Fund Contribution Added to Fees	
Zip	Country	Zip	<u> </u>		8. This corporation owes the current year Intangible	
-	25	29	30		Personal Property Tax. ☑ Yes □ No	
24	9. Name and Address of Curren		1901	T	10. Name and Address of New Registered Agent	
	o. Haine and Hadrose o. Co			81 Name		
TRE	MBLEY, RICK					
	SUGARBUSH DR			82 Street	Address (P.O. Box Number is Not Acceptable)	
	ANDO FL 32819-4564			83		
OIL	1 L OLO 10-1001			33		
				84 City	FL 85 Zip Code	
				<u> </u>	• —	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Stat	utes, the a	bove-named	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, F	lorida Stat	utes.	oration of sound on amount of the sound of t	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title of applicable (NC	TE: Benieteren	Anent signature	required when reinstaling) DATE	
12.		ND DIRECTORS	13.	Agent aignature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	D	□ DELETE	1.1 Ti	TLF.	Change Addition	
TITLE			1.2 N			
NAME	TREMBLEY, SUSAN		1			
STREET ADDRESS	6513 SUGARBUSH DR			TREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32819-4564			ITY-ST-ZIP	☐ Change ☐ Addition	
TITLE	D	☐ DELETE	2.1 TI			
NAME	TREMBLEY, RICK		2.2 N	AME		
STREET ADDRESS	6513 SUGARBUSH DR		2.3 5	TREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32819-4564		2.40	ITY-ST-ZIP		
TITLE		☐ DELETE	3.1 Ti	TLE	☐ Change ☐ Addition	
NAME			3.2 N	AME		
STREET ADDRESS			3.3 \$	TREET ADDRESS		
CITY-ST-ZIP			3.4.0	CITY-ST-ZIP		
TITLE	(☐ DELETE	4.1 T		Change Addition	
NAME			4.21	IAME		
	<i>,</i>		1	TREET ADDRESS		
STREET ADDRESS			1			
CITY-ST-ZIP		☐ DELETE	4.4 C	ITY-ST-ZIP	☐ Change ☐ Addition	
TITLE		I''I DECEIE	5.1 II 5.2 N			
NAME						
STREET ADDRESS				TREET ADDRESS		
CITY-ST-ZIP				TY-ST-ZIP		
TITLE		☐ DELETE	6.1 TI		☐ Change ☐ Addition	
NAME	<i>,</i>		6.2 N	AME		
STREET ADDRESS	. • •		6.3 S	TREET ADDRESS		
CITY-ST-7IP			6.4 C	∏Y-ST-ZIP		

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 plug-like empowered.

SIGNATURE: