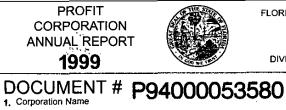
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90099 032 \*\*\*150.00

JBCC C	UHP									
Principal Plac	e of Business		Ma	ailing Address				1901/901 tim IDNS BIRST OBSIL ONLY OUTS ORSE BIRD SIES	81181 13141 8811 184	
5408 MING DR 5408 MING DR										
ORLANDO FL 32812 ORLANDO FL 32								·		
								DO NOT WRITE IN THIS SPACE		
•								3. Date Incorporated or Qualifed 07/12/1994		
2. Principal Place of Business				2a. Mailing Address				4. FEI Number	Applied For	
21			26					59-3253663	Not Applicab	
Suite, Apt.	#, etc.		27	Suite, Apt. #, etc.				Le Codiforto of Status Decired	75 Additional e Required	
City & State				City & State					.00 May Be ded to Fees	
Zip 24	25	Country	29	Zip	Cou	ntry		8. This corporation owes the current year Intangible Personal Property Tax.	□No	
24		1 Address of Curr			<u> </u>	1		10 Name and Address of New Registered Agent		
	9, 110,110					81	Name			
RULE, JEFFREY K										
NULE, JEFFREY K 5408 MING DR ORLANDO FL 32812						82	2 Street Address (P.O. Box Number is Not Acceptable)			
•									<u> </u>	
						84	City	<b>FL</b> / (	Zip Code	
office or r	tenne hereteiner	or both, in the Stat	e of Floric	07.1508, Florida Statute la. Such change was at Section 607.0505, Flor	ıthorized	ΙDV	the corpora	orporation submits this statement for the purpose of changin ation's board of directors. I hereby accept the appointment a	g its registered as registered	
SIGNATURE								ujired when reinstating) DATE		
	Signature, typed or pr	inted name of registered a				Agen	t signature req		CTODE IN 12	
12.	Р	OFFICERS A	AND DIKE	DELETE	13.	71.5		ADDITIONS/CHANGES TO OFFICERS AND DIRE		
TITLE	, .	ארע ע								
NAME	RULE, JEFFREY K 5408 MING DR 138			ADDRESS						
STREET ADDRESS							ADDRESS			
CITY-ST-ZIP	ORLANDO F	L	<del></del>	☐ DELETE	1.4 CI 2.1 TI	TY-SI	I-ZIP	☐ Cha	ange Addit	
TITLE									J	
NAME					2.2 NAME 2.3 STREET ADDRE			·		
STREET ADDRESS					2.3 S					
CITY-ST-ZIP	<del> </del>			- DELETE	3.1 7		11-211	· 一门 Cha	ange Addit	
	j -	•			3.1 N		ļ			
NAME STREET ADDRESS	}						ADDRESS			
STREET AUDRESS	1				0.00					

CITY-ST-ZIP 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.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4.1 TITLE

4, 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

DELETE

□ DELETE

DELETE

407-240-1641

☐ Addition

☐ Addition

☐ Addition

☐ Change

☐ Change

☐ Change