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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1	996	DIVI	SION OF CORP	ORATIONS				
DOCUM		00005531	9 (5)					
<ol> <li>Corporation N TIGER</li> </ol>	Name UNLIMITED, INCORPO	RATED						
7,0,2,								
Principal Place o	f Business	Maling Addres	SS		.	11 20111 44161	41141 21144 1114	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
120 E. MILLER ST.		120 E. MIL	LER ST.					
SUITE 12 ORLANDO FI	20000	SUITE 12 ORLANDO	FL 32806					
ONDARDO PA	. 32000	One week			3. Date Incorporated or Qualified 07/25/1994	3a. Date	e of Last Rep <b>05/23/19</b>	oort <b>95</b>
2. Principal Plac	e of Business	2a. Mailing Adv	dress		4, FEI Number 59-3255766			pplied For
		26			993233700   Not Appl		ot Applicable	
Suite, Apt. #, etc.		F	Suite, Apt. #, etc.		5. Certificate of Status Desired Fee Require			
City & State		Qty & Stat	e		6. Election Campaign Financing		\$5.00	May Be
3		28	~		Trust Fund Contribution	X	Added	to Fees
Zip	Country	Zφ		Country	8. This corporation has liability for	ntangible t	ax under s	199.032,
4	25	29	30		Fionda Statutes Yes  10. Name and Address of New F	No	Agent	
	g. Name and Address of Cu	irrent Registered Ager	<u> </u>	81 Name	10. Name and Address of New H	egistered	Agent	
	A. AIDIATHI							
	SON, CHRISTINA			82 Street Addr	ess (P.O. Box Number is Not Acceptab	ile)		
	MILLER ST.			83				
SUITE 12 ORLANDO FL 32806							14-1"-5"	
, ORDAN	DO 1 L 32000			84 City		FL	<b>85</b> Zip	Code
SIGNATURE	n, and accept the obligations of,  Signature, typed or pricted has a or regulars.  OF FICE RE			stered Apent signar relieuum	ct when recording)  ADDITIONS/CHANGES TO OFF	DA'E	ID DIRECTO	RS IN 12
TITLE	D		DELETE	1 TITLE			Change	AdJit on
NAME	WOODSON, CHRISTINA			1.2 NAME				
STREET ADDRESS	120 E. MILLER ST., #1	2		1.3 STREE* ADDRESS				
CITY - ST - ZIP	ORLANDO FL 32806			1.4 CHY-ST-ZIP			Change	☐ Addition
TITLE			DELETE	2 1 Title			Change	T Wearing.i
NAME				2.2 NAME				
STREET ADDRESS				2 3 STREET ADDRESS				
CITY-ST-ZIP			DELETE	2.4 O(1) - S1 - ZiP 3.1 H1UE			Change	Add tion
TITLE		L.) .	occ. · c	3.2 NAME				
STREET ADDRESS				3.3 STREET ADDRESS				
CITY-ST-ZIP				3.4.C(T) - ST - Z(F)				
TITLE			DELETE	4 1 10TLE			☐ Change	neitibbA 🔲
NAME				42 NAME				
STREET ADDRESS				4.3 STREE! ADDRESS				
CITY - ST - ZIP				4.4 CHY-ST ZIP			FT China	ET Addison
TITLE			DELETE	5 1 THEF	2000018	a e	Change	☐ Addition
NAME				5 2 NAME	2000018 -05/30/9601	016 - 1	036	
STREET ADDRESS				5.3 STHEET ADDRESS	***205.00			
CITY-ST-ZIP			DELETE	5.4 C/TY - ST - Z/P' 6.1 TITLE			Change	Add-tion
TITLE		LJ		6.2 NAME				
NAME CENTET ADDRESS				6.3 STREET ADDRESS				, Gb

CITY-S1-ZIP

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 Statuty Lighther 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 immarie 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 is changed, or on an adachment with an address. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: