05-03-1999 90005 037 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000087718

BE SEAT						
Principal Place of Business Mailing Address						
6140 HOFFNER SUITE 2 ORLANDO FL 3. US	-	P.O. BOX 720052 Orlando Fl 32872 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed	
Principal Place of Business 2a. Mailing Address						11/30/1994 4. FEI Number Applied For
· ·	ace of Business	2a. Mailing Address				59-3280264 Not Applicable
Suite, Apt.	# oto	Suite, Apt. #, etc.			-	\$8.75 Additional
←	#, etc.	27				5. Certificate of Status Desired Fee Required
City & State	9	City & State				6. Election Campaign Financing 55.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Coun	try		8. This corporation owes the current year Intangible
24	25	29 30	0			Personal Property Tax. Yes No
	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Name and Address of New Registered Agent
CHITARRA, PHILIP V 9224 SONIA STREET ORLANDO FL 32825 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,			the ab	83 84	City	Address (P.O. Box Number is Not Acceptable) FL 85 Zip Code
agent. I ai	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was autr pations of, Section 607.0505, Florid	norized la Statut	by th	ne corporat	ration's board of directors. I hereby accept the appointment as registered
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered					signature requir	quired when reinstating) DATE
12. OFFICERS AND DIRECTORS			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITL	Æ	1	☐ Change ☐ Addition
NAME	CHITARRA, PHILIP V		1.2 NAN	Æ		
STREET ADDRESS	9224 SONIA STREET		1.3 STR	EET A	DDRESS	
CITY-ST-ZIP	ORLANDO FL 32825		1.4 CIT		ZIP	. Change Additio
TITLE		☐ DELETE	2.1 TITL			☐ Change ☐ Adulio
NAME			2.2 NAME		ľ	
STREET ADDRESS	TREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP		☐ DELETE	2.4 CIT		ZIP	Change (Addition
TITLE			3.1 TITL			_ visings
NAME		1	3.2 NAME 3.3 STREET ADDRESS			
STREET ADDRESS			3.4. CIT			
CITY-ST-ZIP		☐ DELETE	4.1 TITL			☐ Change ☐ Additio

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 chapter 607, or on all attachment with an address, with all other like empowered.

4.2 NAME

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

☐ DELETE

☐ DELETE

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Change

Change

☐ Addition

☐ Addition