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 # **P9400092056**1. Corporation Name

EEDAIN ADONTE PA

	ALORIE, I IN						
Principal Place	e of Business	Mailing Address			1.000.000.000.000.000.000.000.000.000.0		
860 E S.R. 434		860 E S.R. 434					
LONGWOOD FL 32750 LONGWOOD FL 32750				DO NOT WRITE IN THIS SPACE			
us us					3. Date Incorporated or Qualifed		
					12/21/1994		
		2 Mailing Address			4. FEI Number	Apr	plied For
Principal Place of Business A Mailing Address A Section 1.2				59-3283950		t Applicable	
21		Suite, Apt. #, etc.				\$8.75 A	
Suite, Apt.	#, etc.	···			5. Certifcate of Status Desired	Fee Re	
22		City & State			6. Election Campaign Financing	\$5.00	May Re
City & State	le	— ´			Trust Fund Contribution	Added to	
23	Country	28 Zip	Countr	v	8. This corporation owes the current ye	ear Intangible	
Zip			30	,	Personal Property Tax.		□No
24	9. Name and Address of Curr		30		10. Name and Address of New Regist	ered Agent	
	9. Name and Address of Con	ent Kedistelen Påont	. 8	1 Name			
APO	INTE EFRAIN,	•					
860 E. S.R. 434			8	82 Street Address (P.O. Box Number is Not Acceptable)			
	IGWOOD FL 32750		8	2	* \$27.5 \(\delta\) \(\	1. 48.10.10.10.10.10.10.10.10.10.10.10.10.10.	100 AT 188
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			8	4 City		FL 85 Zip C	Code
عر يسي≢ر				<u> </u>	orporation submits this statement for the purpo- ation's board of directors. I hereby accept the	<u> </u>	sistand
0.00.00				ś.			
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable. (NOTE:	Registered Ag		ADDITIONS/CHANGES TO OFFICER		
	Signature, typed or printed name of registered a			ent signature req			PRS IN 12
12.	Signature, typed or printed name of registered a OFFICERS.	AND DIRECTORS	13.	ent signature req	ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTO	
12. TITLE NAME	Signature, typed or printed name of registered at OFFICERS. D APONTE, EFRAIN	AND DIRECTORS	13. 1.1 TITLE 1.2 NAME	ent signature req	ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTO	
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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 feceiver 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 changes pron any attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Feb 10, 1999 8:00 am

Secretary of State

02-10-1999 90012 027 ***150.00

\$ 407-260-8268