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 # P94000093452

COLLINS, WEBSTER & KRAUSE, P.A.

Principal Place	of Business	Mailing Address	· · · · · ·	I (##)((##) (##) ##)(##)() ##)((##)()	111 18414 IAIGA IIIII AISAI AIIIA NAI 1021
101 WYMORE ROAD 101 V		101 WYMORE ROAD			
337 337					=
ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714			14	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	.
				01/03/1995	
2. Principal Pl	ace of Business	2a. Mailing Address	1 0	4. FEI Number	Applied For
21 /2 2	ODG valas Atv	1220 00	nglas My	€ 59-3289862	Not Applicable
Suite, Apt.	, etc.	Suite, Apt. #, etc.	-/-		\$8.75 Additional
22 2 C	77 *** **	27 2-03	. ۳۰۰ د دیده به در	25. Certificate diformation 2001/94/95.	Fee Required
City & State	1	City & State	1>	6. Election Campaign Financing	\$5.00 May Be
23/200	gwood FL	28 / snawa	5V FV	Trust Fund Contribution	Added to Fees
Zip	Country	Zip 2	Country	8. This corporation owes the current	
24 32 ⁻	1/9 25	29 327730	5	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Current I	Registered Agent		10. Name and Address of New Reg	istered Agent
MANUSE ANTICHEL B. Krause					
KRAUSE, MITCHEL B 82 Street Address				ddress (P.O. Box Number is Not Acceptable	3
101 WYMORE ROAD				20 Donalas Ava	Sw12 207
SUITE 337				60 1300111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 	
ALTAMONTE SPRINGS FL 32714					
			84 City	ong vood	FL 85 Zip Code 79
44 Supply the the serious of Continue 607 0502 and 607 1508 Florida Statutos the above named corporation				ornoration submits this statement for the pu	pose of changing its registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered					
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE DATE DATE DATE DATE DATE DATE DATE DAT					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
12.	P OFFICERS AND	DELETE	1.1 TITLE	5 T	Change Addition
TITLE	•	- Better		David Webster	
NAME	WEBSTER, DAVID A	:	1.2 NAME	1270 Ounter Ave.	Cute 2-3
STREET ADDRESS	101 WYMORE RD., STE. #337		1.3 STREET ADDRESS	1860 2009/95 1100/	70
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714		1.4 CITY-ST-ZIP	David Webster 1220 Douglas Ave, Longwood PL 327 mitchel B Krause	↑ Addition
TITLE	ST	☐ DELETE	2.1 TITLE	2 ha) R Kranse	Mariange C Addition
NAME	KRAUSE, MITCHEL B		2.2 NAME	1220 Dunglas Are,	C. Je 207
STREET ADDRESS	101 WYMORE RD., STE. #337		2.3 STREET ADDRESS	ر معرف معرفه ووور	32779
"CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714		2.4 CITY-ST-ZIP	Longwood FU	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		į
STREET ADDRESS			3.3 STREET ADDRESS		ĺ
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4, 2 NAME		ţ
STREET ADDRESS			4.3 STREET ADDRESS		j

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.

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY+ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ DELETE

DELETE

Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90072 004 ***150.00

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Addition

☐ Addition

Change

Change