

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

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90077 033 ***150.00

DOCUMENT # P94000094148

1. Corporation Name

FLORIDA NOW, INC

Principal Place of Business

Mailing Address

3501 W. VINE ST #104-A
KISSIMMEE FL 34744
FL 34741

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12-29-94

2. Principal Place of Business

2a. Mailing Address

21 501 E. OAK STREET

26 501 E. OAK ST

4. FEI Number

59-3279031

Applied For

Not Applicable

Suite, Apt. #, etc.

22 SUITE F

Suite, Apt. #, etc.

27 SUITE F

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 KISSIMMEE, FL

City & State

28 KISSIMMEE, FL

6. Election: Campaign Financing

☐

\$5.00 May Be
Added to Fees

Zip

24 34744

Country

25 USA

Zip

29 34744

Country

30 USA

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

G.D. TREDALE

3501 W. VINE ST #104-A

KISS, FL 34744

81 Name

G. D. TREDALE

82 Street Address (P.O. Box Number is Not Acceptable)

501 E. OAK ST

83 SUITE F

84 City KISSIMMEE

FL

85 Zip Code

34744

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 Alexandra Green

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-10-99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT
NAME ALEXANDRA GREEN
STREET ADDRESS 1488 SOPHIE WAY
CITY-ST-ZIP KISS, FL 34744

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE DIRECTOR
NAME G.D. TREDALE
STREET ADDRESS 1087 HIDDEN HARBOUR RD
CITY-ST-ZIP KISS, FL 34746

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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.

SIGNATURE: Alexandra Green

ALEXANDRA GREEN

3-10-99 (407) 922 3717

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)