FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

DIVISION OF CORPORATIONS

Secretary of State

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90213 018 ***150.00

DOCUMENT # P95000009719					
,	RVICES, INC.				
1120 02	(111020) 1110	·			NI 88:NB (6)): (665): (1818 (8))
		•			
Principal Place	e of Business	Mailing Address			
10577 ROCKET	BLVD	10577 ROCKET BLVD			~
STE A STE A ORLANDO FL 32824 ORLANDO FL 3282		STE A		DO NOT WRITE IN TH	IIS SPACE
US	32024	US		3. Date Incorporated or Qualifed	
		• •		02/06/1995	
2. Principal Pl	face of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3296560	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22	<u>-</u>	27			Fee Required
City & State	9	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	28	Country	This corporation owes the current year	
24	25		10	Personal Property Tax.	X Yes □No
	9. Name and Address of Curre			10. Name and Address of New Registers	
			81 Name		
ANASTASIA, MARK R			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
8517 SHADY GLEN DR			02 Street Addit	ess (F.O. Dox Number is Not Acceptable)	
ORLANDO FL 32819			83		
			84 City		85 Zip Code
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u>_</u>	
11. Pursuant	to the provisions of Sections 607.050	12 and 607.1508, Florida Statutes	s, the above-named corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its registered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Floric	da Statutes.	on a board of disectors. Thereby decept the app	/orkingin do regionore
SIGNATURE					
	Signature, typed or printed name of registered age		Registered Agent signature required 13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
12.	OPS OFFICERS AF	ND DIRECTORS DELETE	1.1 T/LE	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	ANASTASIA, MARK R		1.2 NAME		
STREET ADDRESS	8517 SHADY GLEN DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ANASTASIA, JULIE S		2.2 NAME		
STREET ADDRESS	8517 SHADY GLEN DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	'		3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY+ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		ĺ
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	.,.•		4.4 CITY-ST-ZIP		Change Addition
TITLE		, DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		}
STREET ADORESS			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
TITLE			6.2 NAME		T anways Three Park
NAME STREET ADORESS			6.3 STREET ADDRESS		
SIRFE MINDRESS					

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 truebe 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.

6.4 CITY-ST-ZIP

SIGNATURE:

SIZMATURE REQUIRED SIGNING OFFICER OR DIRECTOR

407-438-4040