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 # P95000017015

CLARA A. JEFFREY, P.A.

Principal Place of Business 1115 LAVAUR COURT KISSIMMEE FL 34759

2. Principal Place of Business

Mailing Address

717 EAS OAK ST KISSIMMEE FL 34744

2a. Mailing Address

US

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90107 024 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

3. Date Incorporated or Qualifed

02/27/1995

4. FEI Number

		26			59-3301753		INOL	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, et	C.	· · · · · · · · · · · · · · · · · · ·	5. Certifcate of Status Desired		\$8.75 A	
22		27			C. Certificate of Claudo Desired		Fee Rec	drined
City & State	e	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Cou	intry	8. This corporation owes the cur			
4	25	29	30	1	Personal Property Tax.			□No
	9. Name and Address of Current	t Registered Agent		 	10. Name and Address of New	Registered Age	<u>ant</u>	
SWART, HARRY J 717 E OAK ST KISSIMMEE FL 34744				81 Name				
				82 Street Address (P.O. Box Number is Not Acceptable)				
				84 City		[8	85 Zip C	ode
						FL		
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida	Statutes, the a	bove-named co	rporation submits this statement for the	purpose of cha	anging its i	registered
office or re	egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida, Such change ions of Section 607 050	was authorize 15. Florida Stat	d by the corpora	tion's board of directors. I hereby acce	pt the appointm	eni as reg	ligraian
-	III latilikai witti, and accept the obligat	,010 01, 0000011 001.000	,0,1,0,1,0,0					
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable.	(NOTE: Registere	Agent signature requ		DATE		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	R\$ IN 12
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STREET ADDRESS	AAAE I AMAND OOUDT		1.3 \$	TREET ADDRESS				
CITY-ST-ZIP	KISSIMMEE FL 34759		14.0	ITY-ST-ZIP				
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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 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

SIGNATURE AND TYPED OR PRINTED HAME OF SENING OFFICER OF DIRECTOR

H17/99

Daytime Phone #

E034 (11/98)