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 # P95000022452

1. Corporation Name

DOWN (JNDER CONNICATION	5, INC.									
Principal Place of Business Mailing Address										III III IIII IBBI	
1762 BIG OAK LANE 1762 BIG OAK LANE KISSIMMEE FL 34746 KISSIMMEE FL 34746											
							DO NOT WRITE IN T	HIS SPAC	<u>E</u>		
							3. Date Incorporated or Qualifed 03/20/1995				
Principal Place of Business 2a. Mailing Address			s				4. FEI Number		App	lied For	
21		26	26				59-3301432		Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, et	Suite, Apt. #, etc.				5. Certifcate of Status Desired			ditional	
22		27	27			-	5. Certificate of Status Desired	. F	ee Req	uired	
City & Stat	e	City & State	City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
23		28	28								
Zip	Country	Zip				1	8. This corporation owes the current year Intangible				
24	25 29 30					Personal Property Tax.			□No		
	9. Name and Address of Curre	ent Registered Agent					10. Name and Address of New Register	red Agent			
DEED MADY				81	Name						
reed, mark 1762 big oak lane				82	Street	Addres	ss (P.O. Box Number is Not Acceptable)				
					0	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , , ,				
KISSIMMEE FL 34746				83							
				<u>_</u>							
				84	City		\$	=L 85	Zip Co	ode	
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such change	was authorize	d by	the corpo	corpora oration	ation submits this statement for the purpose 's board of directors. I hereby accept the ap	e of changi	ng its regi	egistered stered	
SIGNATURE											
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registere			d Ager	nt signature r	required w	•				
12.	OFFICERS A	ND DIRECTORS	13.				ADDITIONS/CHANGES TO OFFICERS				
TITLE	-			1.1 TITLE				Ch:	ange	☐ Addition	
NAME	·		1.2 NAME								
STREET ADDRESS			1.3 STREET ADDRESS								
CITY-ST-ZIP				ITY-S	T-ZIP						
TITLE	• •			2.1 TITLE				Chi	ange	☐ Addition	
NAME			2.2 N	2.2 NAME							
STREET ADDRESS			2.3 S	2.3 STREET ADDRESS		!					
CITY-ST-ZIP	KISSIMMEE FL 2.4		2. 4 CITY-ST-ZIP			e e c	<u> </u>				
TITLE	VT	☐ DELE	ETE 3.1 T	TLE				Ch:	ange	Addition	
NAME	REED, MARK T.		3.2 N	AME							
			3.3 S	3.3 STREET ADDRESS							
CITY-ST-ZIP	KISSIMMEE FL		3.4. 0	ITY-S	T-ZIP					Ì	
TITLE		☐ DELE						☐ Ch	ange	Addition	
NAME			4.21	IAME							

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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

☐ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME



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FILED

Feb 18, 1999 8:00am

Secretary of State

02-18-1999 90105 016 ***150.00

407-933-1503

Change

Change

Addition

☐ Addition