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 # P95000031045

Corporation Name

Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90078 037 ***150.00

| IU, INC. | | | | |
|---|---|---------------------------------------|---|---|
| | | | | |
| Principal Place | of Business | Mailing Address | | - 1 18811881 (18 18(E) Stiff 98(t) abut 28(f) 26(4) and 28(f) 26(4) |
| 1434 BORREAS | DR. | 1434 BORREAS DR. | | |
| ORLANDO FL 32822 ORLANDO FL 32822 | | | DO NOT WRITE IN THIS SPACE | |
| | | | | 3. Date Incorporated or Qualifed |
| | | | | 04/17/1995 |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | 4. FEI Number Applied For |
| 21 3936 S. SEMORAN BUD 26 3936 S. JEMORA | | | ZAN BLVD | 59-3313988 Not Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired \$8.75 Additional |
| 22 STE 1401 27 STE 1401 | | | Fee Required | |
| City & State City & State | | | 6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees | |
| 23 ORLA | Country | 28 ORLANDO, FL | Country | This corporation owes the current year Intangible |
| Zip | - - | | ¬ · | Personal Property Tax. |
| 24 3257 | 9. Name and Address of Curren | | <u>' </u> | 10. Name and Address of New Registered Agent |
| | J. Hanse and Fadings of Gallan | - regional rigarie | 81 Name | |
| ROM | ROMERO, JOHNNY | | | |
| 1434 BORREAS DR | | | 82 Street Addr | ress (P.O. Box Number is Not Acceptable) |
| -OFILANDO FL 32822 - | | | 83 | |
| | | | 57E | - 1401 |
| i I | | | 84 City | 4 NDO FL 85 40 COOR 22 |
| 11. Surguent to the Autority of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose 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 (amilar viin), and accept the obligations of, Section 607.0505, Florida Statutes. | | | | |
| agent, I am tamitar upin, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | |
| SIGNATURE A | Signature, types or printed name of registered agen | nt and title if applicable. (NOTE: Re | egistered Agent signature required | d when reinstating) DATE |
| 12. | | D DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | Р ' | ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | ROMERO, JOHNNY | | 1.2 NAME | <u> </u> |
| STREET ADDRESS | 1434 BORREAS DR | i | 1.3 STREET ADDRESS | · |
| CITY-ST-ZIP | ORLANDO FL 32822 | | 1,4 CITY-ST-ZIP | |
| TITLE | VP . | ☐ DELETE | 2.1 TITLE | Change Addition |
| NAME | ALARCON, MARIO | | 2.2 NAME | |
| STREET ADDRESS | 1434 BORREAS DR | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL 32822 | | 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 | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | Ì |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | |

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 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: X PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #