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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P95000033818

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 07, 1999 8:00 am Secretary of State

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| 249 W. SR 436 | | | 249 W. SR 43 | 96 | | | | | | | | | | | | | |
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| 22 | | 2 | 27 | | | | | | 5. Ce | rtifcate of S | tatus Desii | rea | | Fe | e Req | uired |] . |
| City & State | | - | City & S | tate | | | | | 6. Ele | ction Camp | aign Finar | ncing | | \$5. | .00 N | lay Be | |
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| 24 | 25 | | 29 | | 30 | | | | | rsonal Prop | | | | Yes | Ŀ | ₫No | ļ |
| | 9. Name and Ad | dress of Current Re | gistered Age | ent | | 81 | Name | | 10. Na | me and Ac | dress of I | New Ke | gistered | Agent | | | ł |
| MCC | ULLOCH, BRAD | | | | | | Name | | | | | | • | | | - | } |
| | W. SR 436 | | | | | 82 | Street A | Address | s (P.O. | Box Number | er is Not A | cceptab | le) | | | | |
| | E 1009 | | | | | 83 | | | | | | _ | | | | | 1 |
| | MONTE SPRINGS | FL 32714 | | | | 65 | | | | | | | | | | | |
| , | | | | | | 84 | City | | | | | | FĮ | 85 | Zip Co | ode | |
| | to the provisions of S | Partions 607 0502 an | nd 607 1508 | Florida Stati | ites the a | hove- | | oornoro | ation su | humida dhia a | tatement fo | or the e | | | a its re | egistered | į. |
| | | | | | | | -namea c | | | | | | | | | | |
| 11. Pursuant t | to the provisions of S egistered agent, or b | oth, in the State of F | lorida. Such o | hange was | authorized | by th | i-named o | ration's | s board | of directors | . I hereby | accept | the appo | intment a | as regi | stered | |
| agent. I ar | egistered agent, or b in familiar with, and a | oth, in the State of Flaccept the obligations | s of, Section t | 507.0505, FI | authorized orida Stati | by ti | N/a | | s board | of directors | | | | intment a | ās regi | stered | |
| agent. I ar | n familiar with, and a | Secrept the obligations | s of, Section 6 | 507.0505, F1 | authorized orida Statu E: Registered | ites. | N/A B | art | | | | | the appo | intment a | is regi | stered | ا |
| agent. I ar | n familiar with, and a | oth, in the State of Flaccept the obligations Guident and OFFICERS AND D | Brack I title if applicable. | 507.0505, F1 | orida Stati | ites. | N/A B | art | hen reinst | | 3, | /30 | /99 DATE | | | S IN 12 | 00 |
| agent. I ar | n familiar with, and a | accept the obligations Cullum name of registered agent and | Brad I title if applicable. | 507.0505, F1 | E: Registered | Agent | N/A B | art | hen reinst | ating) | 3, | /30 | /99 DATE | | CTOR | | (44,00) |
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| agent. I ar SIGNATURE 12. TITLE | D MCCULLOCH, BI 249 W. SR 436 | accept the obligations Lame of registered agent and OFFICERS AND D | Brad I title if applicable. | 507.0505, FI MCG (NOT | TE: Registered 13. 1.1 TII 1.2 NA | Agent | N/A B | art | hen reinst | ating) | 3, | /30 | /99 DATE | ND DIRE | CTOR | S IN 12 | 10077 |
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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:



(407) 862-8000