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 # P95000039247

1. Corporation Name

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

03-29-1999 90052 002 ***150.00

402 M	TAIL OF KISSIMMEE, INC.										
Principal Place	of Business	Mailing Address				(),98(),981 110 14141 41111 41					
1104 NO BERM	unda ave	2433 S HIAWASSEE RD									
KISSIMMEE FL 34741 ORLANDO FL 32835					ì	DO NOT WRITE IN THIS SPACE					
US					F	3. Date Incorporated or Qua					
						05/16/1995					
2. Principal Pl	lace of Business	2a. Mailing Address			-+	4. FEI Number			Applie	ed For	
21 1104	North John Young Pki					59-3322110			Not A	pplicable	
Suite, Apt.		Suite, Apt. #, etc.				5. Certificate of Status Desire	ed \square	\$8.7	'5 Add	litional	
22		27				5. Certificate of Status Desire	eu 🗀	Fe	e Requ	ired	
City_& State	9	City.& State				6. Election Campaign Finance	cing ==			ay.Be≔—	نند
23 Kissi	mmer FL	28				Trust Fund Contribution		Add	led to F	ees	
Zip	Country	Zip	Cour	ntry		8. This corporation owes the	current year Inta			161-	
24 347		29	30			Personal Property Tax.	law Basistarad	∐ Yes		No	
	9. Name and Address of Current	Registered Agent		81 Name		10. Name and Address of N	iew Registered	Agent_			
BBO:	WN, GREGORY H			OI IVAIIIO							
l	S HIAWASSEE RD		Γ	82 Street	Address	(P.O. Box Number is Not Ac	ceptable)				
l	ANDO FL 32835	•	-	83							
)			£								
				84 City			FL	85 2	Zip Coo	fe et	
	es, the ab	ove-named	corporat	tion submits this statement fo	r the numoes of	changing	g its reg	gistered			
office or r	egistered agent, or both, in the State o	of Florida. Such change was a	uthorized	by the cont	oration's	board of directors. I hereby	accept the appoir	ntment a	s regis:	tered	
office or re agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligati	of Florida. Such change was a	uthorized	by the cont	oration's	s board of directors. I hereby a	accept the appoir	ntment a	s regis	tered	
office or r	egistered agent, or both, in the State on familiar with, and accept the obligation	of Florida. Such change was a lons of, Section 607.0505, Flo	uthorized rida Statu	by the cont	oration's	s board of directors, i nereby a	accept the appoir	ntment a	s regis	tered	á
office or re agent. I a	egistered agent, or both, in the State o	of Florida. Such change was a lons of, Section 607.0505, Flor and title if applicable. (NOTE)	uthorized rida Statu	by the com tes.	oration's	s board of directors, i nereby a	DATE	D DIRE	CTORS	3 IN 12	100
office or re agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligation Signature, typed or printed name of registered agent	of Florida. Such change was a lons of, Section 607.0505, Flor and title if applicable. (NOTE)	uthorized rida Statu : Registered	by the corp tes.	oration's	en reinstating)	DATE	itment a	CTORS	iereu	(44,00)
office or reagent. I all SIGNATURE	egistered agent, or both, in the State of m familiar with, and accept the obligation of the state of the stat	of Florida. Such change was a close of, Section 607.0505, Flore and title if applicable. (NOTE D DIRECTORS	rida Statu Registered	by the corp tes. Agent signature	oration's	en reinstating)	DATE	D DIRE	CTORS	5 IN 12	204 (44,000)
office or reagent. I as SIGNATURE 12.	egistered agent, or both, in the State of m familiar with, and accept the obligation of the state of the stat	of Florida. Such change was a close of, Section 607.0505, Flore and title if applicable. (NOTE D DIRECTORS	: Registered / 13. 1.1 TITI	by the corp tes. Agent signature	required wh	en reinstating)	DATE	D DIRE	CTORS	5 IN 12	7007 (44,00)
office or reagent. I all SIGNATURE 12. TITLE NAME	egistered agent, or both, in the State of m familiar with, and accept the obligation of the obligation	of Florida. Such change was a lons of, Section 607.0505, Flor and title if applicable. D DIRECTORS DELETE	: Registered / 1.1 TIII 1.2 NAJ	by the corp tes. Agent signature LE	required wh	en reinstating)	DATE	D DIRE	CTORS	G IN 12	000000000000000000000000000000000000000
office or ragent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS	egistered agent, or both, in the State of m familiar with, and accept the obligation of the obligation	of Florida. Such change was a clons of, Section 607.0505, Flore and title if applicable. (NOTE D DIRECTORS	: Registered / 1.1 TIII 1.2 NAJ	by the corp tes. Agent signature LE ME REET ADDRESS Y-ST-ZIP	required wh	en reinstating) ADDITIONS/CHANGES TO	DATE OFFICERS AN	D DIRE	CTORS	5 IN 12	(00010000000000000000000000000000000000
office or ragent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State of m familiar with, and accept the obligation of the control of the cont	of Florida. Such change was a clons of, Section 607.0505, Flore and title if applicable. (NOTE D DIRECTORS	Registered / 13. 1.1 TIII 1.2 NA/ 1.3 STF	by the corp tes. Agent signature LE ME REET ADDRESS Y-ST-ZIP LE	required wh	en reinstating) ADDITIONS/CHANGES TO	DATE D OFFICERS AN	D DIREC	CTORS	G IN 12	0001004 (44,000)
office or ragent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State of m familiar with, and accept the obligation of the control of the cont	of Florida. Such change was a lons of, Section 607.0505, Flor and title if applicable. D DIRECTORS DELETE	Registered / 13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF	by the corp tes. Agent signature LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS	required wh	en reinstating) ADDITIONS/CHANGES TO	DATE D OFFICERS AN	D DIREC	CTORS	G IN 12	(44,000)
office or ragent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State of m familiar with, and accept the obligation of the control of the cont	of Florida. Such change was a lons of, Section 607.0505, Florida and title if applicable. (NOTE D DIRECTORS	Incomplete the control of the contro	by the corp tes. Agent signature LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP	required wh	en reinstating) ADDITIONS/CHANGES TO	DATE D OFFICERS AN	D DIRE	CTORS	S IN 12 Addition Addition	000000000000000000000000000000000000000
office or ragent. I all SIGNATURE 12. ITILE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE	egistered agent, or both, in the State of m familiar with, and accept the obligation of the control of the cont	of Florida. Such change was a clons of, Section 607.0505, Flore and title if applicable. (NOTE D DIRECTORS	### Comparison of Comparison o	by the corp tes. Agent signature LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE	required wh	en reinstating) ADDITIONS/CHANGES TO	DATE D OFFICERS AN	D DIREC	CTORS	G IN 12	() (44 (60))
office or ragent. I all SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TITLE NAME	egistered agent, or both, in the State of m familiar with, and accept the obligation of the control of the cont	of Florida. Such change was a lons of, Section 607.0505, Florida and title if applicable. (NOTE D DIRECTORS	### Indicates the control of the con	by the corp tes. Agent signature LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME ME REET ADDRESS	required wh	en reinstating) ADDITIONS/CHANGES TO	DATE D OFFICERS AN	D DIRE	CTORS	S IN 12 Addition Addition	(44.00)
office or ragent. I all SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	egistered agent, or both, in the State of m familiar with, and accept the obligation of the control of the cont	of Florida. Such change was a lons of, Section 607.0505, Florida and title if applicable. (NOTE D DIRECTORS	### Interest of the control of the c	by the corp tes. Agent signature LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS	required wh	en reinstating) ADDITIONS/CHANGES TO	DATE D OFFICERS AN	D DIRE	CTORS	S IN 12 Addition Addition	(2010) ACCTION
office or ragent. I all SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State of m familiar with, and accept the obligation of the control of the cont	of Florida. Such change was a lons of, Section 607.0505, Florida and title if applicable. (NOTE D DIRECTORS DELETE	## 13. 1.1 TITI 1.2 NAV 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAV 2.3 STF 2.4 CIT 3.3 TITI 3.2 NAV 3.3 STF 3.4 CIT 3.4 CIT 3.4 CIT 3.5 NAV 3.5 STF 3.4 CIT 3.4 CIT 3.5 NAV 3.5 STF 3.4 CIT	by the corp tes. Agent signature LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP	required wh	en reinstating) ADDITIONS/CHANGES TO	DATE D OFFICERS AN	D DIRECTOR	CTORSinge	S IN 12 Addition Addition	(44.00)
office or ragent. I all signature 12. Title Name Street address City-St-Zip Title Title Title Title Title	egistered agent, or both, in the State of m familiar with, and accept the obligation of the control of the cont	of Florida. Such change was a lons of, Section 607.0505, Florida and title if applicable. (NOTE D DIRECTORS	## 13. 1.1 TITL 1.2 NAV 1.3 STF 2.4 CITL 2.1 NAV 2.3 STF 2.4 CITL 3.5 TITL 3.4 CITL 4.1 TITL 4.1 T	by the corp tes. Agent signature LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE	required wh	en reinstating) ADDITIONS/CHANGES TO	DATE D OFFICERS AN	D DIRE	CTORSinge	S IN 12 Addition Addition	(00) 777 77000
office or ragent. I all SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State of m familiar with, and accept the obligation of the control of the cont	of Florida. Such change was a lons of, Section 607.0505, Florida and title if applicable. (NOTE D DIRECTORS DELETE	### Interest of the control of the c	by the corp tes. Agent signature LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS PY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME ME REET ADDRESS Y-ST-ZIP LE ME	required wh	en reinstating) ADDITIONS/CHANGES TO	DATE D OFFICERS AN	D DIRECTOR	CTORSinge	S IN 12 Addition Addition	(A) 144,000
office or ragent. I all signature 12. Title NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State of m familiar with, and accept the obligation of the control of the cont	of Florida. Such change was a lons of, Section 607.0505, Florida and title if applicable. (NOTE D DIRECTORS DELETE	Registered / 13. 1.1 TITI 1.2 NAV 1.3 STF 2.2 NAV 2.3 STF 3.4 CIT 4.2 NAV 3.3 STF 4.2 NAV 4.3 STF 4.	by the corp tes. Agent signature LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS REET ADDRESS	required wh	en reinstating) ADDITIONS/CHANGES TO	DATE D OFFICERS AN	D DIRECTOR	CTORSinge	S IN 12 Addition Addition	(00177) 100 LOCATION (00177)
office or ragent. I all SIGNATURE 12. ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State of m familiar with, and accept the obligation of the control of the cont	of Florida. Such change was a lons of, Section 607.0505, Florida and title if applicable. (NOTE D DIRECTORS DELETE	## 13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 3.4 CIT 4.2 NAI 4.3 STF 4.4 CIT 4.4 CIT	by the corp tes. Agent signature LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP	required wh	en reinstating) ADDITIONS/CHANGES TO	DATE D OFFICERS AN	D DIRECTOR	CTORS nge	S IN 12 Addition Addition	(00 17) 100 LOCA
office or ragent. I all signature 12. Title Name Street address City-St-zip Title Title Title	egistered agent, or both, in the State of m familiar with, and accept the obligation of the control of the cont	of Florida. Such change was a lons of, Section 607.0505, Florida and title if applicable. (NOTE D DIRECTORS DELETE DELETE DELETE	Registered / 13. 1.1 TITI 1.2 NAV 1.3 STF 2.2 NAV 2.3 STF 3.4 CIT 4.2 NAV 3.3 STF 4.2 NAV 4.3 STF 4.	by the corp tes. Agent signature LE ME REET ADDRESS Y-ST-ZIP LE	required wh	en reinstating) ADDITIONS/CHANGES TO	DATE D OFFICERS AN	D DIRECTOR	CTORS nge	Addition Addition	(00,11) 100 LOCAL (00,11)
office of ragent. I all signature 12. Title Name Street address City-St-zip Title Name Street address	egistered agent, or both, in the State of m familiar with, and accept the obligation of the control of the cont	of Florida. Such change was a lons of, Section 607.0505, Florida and title if applicable. (NOTE D DIRECTORS DELETE DELETE DELETE	### Interest of the control of the c	by the corp tes. Agent signature LE ME REET ADDRESS Y-ST-ZIP LE	S Brough	en reinstating) ADDITIONS/CHANGES TO	DATE D OFFICERS AN	D DIRECTOR	CTORS nge	Addition Addition	(00) 17) 100 LOCO
office or ragent. I all signature 12. Title Name Street address City-St-zip Title Name Street address	egistered agent, or both, in the State of m familiar with, and accept the obligation of the control of the cont	of Florida. Such change was a lons of, Section 607.0505, Florida and title if applicable. (NOTE D DIRECTORS DELETE DELETE DELETE	### Interest of the control of the c	by the corp tes. Agent signature LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME ME REET ADDRESS Y-ST-ZIP LE ME	S Brough	en reinstating) ADDITIONS/CHANGES TO	DATE D OFFICERS AN	D DIRECTOR	CTORS nge	Addition Addition	
office of ragent. I all signature 12. Title Name Street address City-St-zip Title Name Street address	egistered agent, or both, in the State of m familiar with, and accept the obligation of the control of the cont	of Florida. Such change was a lons of, Section 607.0505, Florida and title if applicable. (NOTE D DIRECTORS DELETE DELETE DELETE	### Interest of the control of the c	by the corp tes. Agent signature LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS	S Brough	en reinstating) ADDITIONS/CHANGES TO	DATE D OFFICERS AN	D DIRECTOR	CTORS nge	Addition Addition	
office of ragent. I all signature 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State of m familiar with, and accept the obligation of the control of the cont	To Florida. Such change was a lons of, Section 607.0505, Florida and title if applicable. (NOTE DI DELETE DELETE DELETE DELETE	### Comparison of Comparison o	by the corp tes. Agent signature LE ME REET ADDRESS Y-ST-ZIP LE	S Brough	en reinstating) ADDITIONS/CHANGES TO	DATE D OFFICERS AN	D DIRECTORY Char	CTORS nge	Addition Addition Addition	(00,11) 100,000
office of ragent. I all signature 12. Title Name Street address City-St-zip Title Name	egistered agent, or both, in the State of m familiar with, and accept the obligation of the control of the cont	To Florida. Such change was a lons of, Section 607.0505, Florida and title if applicable. (NOTE DI DELETE DELETE DELETE DELETE	### Comparison of Comparison o	by the corp tes. Agent signature LE ME REET ADDRESS Y-ST-ZIP LE	S Brow 247	en reinstating) ADDITIONS/CHANGES TO	DATE D OFFICERS AN	D DIRECTORY Char	CTORS nge	Addition Addition Addition	

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 suppliemental 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 or an attachment with an address, with all other like empowered. GREGERY

SIGNATURE: