PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000040062

FILED Apr 01, 1999 8:00 am Secretary of State

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Principal Place				ailing Address									
124 MARGO LANE LONGWOOD FL 32750 LONGWOOD FL 32750									DO NOT WRITE IN THIS SPACE				
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1			٠.						05/15/1995				_
2. Principal P	Place of Business	<u> </u>	2a.	. Mailing Addr	ess				4. FEI Number			Applied For	
21			- 26	el					<u>59-3316232</u>			Not Applicab	ole
Suite, Apt.	. #, etc.	_	27	Suite, Apt. #,	etc.				5. Certifcate of Status Desire	ed D		Additional Required	
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23			28	,					Trust Fund Contribution			d to Fees	
Zip	г	Country		Zip		Country	у		8. This corporation owes the	current yea	r Intangible ☐ Yes	□No	
24	25		29	ternd Anont	3	0			Personal Property Tax. 10. Name and Address of N	ew Registe			
	9. Name an	d Address of Cui	rrent Kegis	stered Agent	<u> </u>	81	1 Na	me	10. Haine and Address of the	CH Itogisto			
	MAN, RONALI					82	2 Str	eet Addre	ss (P.O. Box Number is Not Ac	ceptable)	 -		\dashv
	Margo Lane IGWOOD FL 3						83						-
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						84		•			┍┖╶╎	ip Code	
11. Pursuant	to the provisions	s of Sections 607.	0502 and 6	07.1508, Florid	da Statutes	, the abov	ve-nar	ned corpo	ration submits this statement for 's board of directors. I hereby	r the purpos	e of changing	its registered	t t
office or r	registered agent, am familiar with,	, or both, in the St	tate of Flone	da. Such chan	ge was auti	nonzea by	y une d	corporation	is board of directors. I hereby	accept the a	pontanent de	rogistorod	
agent.ia	arrivation with	and accept the or	mganono o	, 50011011 007.0	שמטס, רוטווט	ia Statute	s.						J
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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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

:R2E034 (11/98