FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P95000047795 (6)

Principal Place of Business Mailing Address 3740 OLDWINTER GARDEN RD 2307 HASTINGS ST ORLANDO FL 32805 ORLANDO FL 32808								
U\$	•	US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
						06/16/1995		
2. Principal Place of Business		2a. Mailing Address				4. FEI Number Applied For		
नी		26				59-3060616 Not Applicab		
Sulte, Apt. #, etc		Suite. Apt. #, etc.			5. Certificate of Status Desired See Required			
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country 25	7 ₍ ρ)	30	intry		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
	n. Name and Address of Cure		1301			10. Name and Address of New Registered Agent		
LALLBEHARRY, ANNA M				81	Name			
6003 WILBETH AVE. ORLANDO FL 32809				82	Street Add	dress (P.O. Box Number is Not Acceptable)		
UHLAI	NUU FL 32809							
				84	City	FL 85 Zip Code		
11. Pursuant to t office or regi agent. I am f	he provisions of Sections 607.0 stered agent, or both, in the Sta amiliar with, and accept the ob	1502 and 607.1508, Florida S atc of Florida Such change iligations of, Section 607.050	Statules, the at was authorized 5, Florida Stat	nove d by utes	e-named cor the corpora	proporation submits this statement for the purpose of changing its registerer ation's board of directors. I hereby accept the appointment as registered		
SIGNATURE	nature typed or printed honor of neighbord	same maken, transcriptor	(N/)II : Boolstore	1 And	nt signature reco	suired when reinstating) DATE		
12.		AND DIRECTORS	13.		THE CONTROL OF THE CONTROL	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
	ŠD	DELET		TLE		Change Addition		
IAME	LALLBEHARRY, DEONARIN	E	12 N/	12 NAME				
	8003 WILBETH AVE.		1.3 \$1	1.3 STREET ADDRESS				
ITY-ST-ZIP	ORLANDO FL 32809		1.4 CI	1.4 CHY-ST-ZIP				
ITLE	PD	DELET	E 2.1 TI	2.1 TITLE		Change Additi		
	LALLBEHARRY, ANNA M		2 2 NA	2 2 NAME				
	6003 WILBETH AVE.		2.3 \$1	2.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32809			TY-5	ST-ZIP			
TITLE		☐ DELET	E 3.1 TH	TLE		Change Addition		
NAME	•		3.2 NA	ME				
STREET ADDRESS			3.3 SI	REET	address			

6.4 CITY - \$1 - ZIP CITY-ST-ZIP 14. Thereby 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 supplymental 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 corresponding to the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter of the corresponding to the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter of the corresponding to the

3 4. CITY - ST - ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5 4 CITY-ST-ZIP

4.4 CITY - ST - ZIP

4.1 TITLE

4. 2 NAME

5.1 1111.6

5.2 NAME

61 TITLE 6.2 NAME

DELETE

DELETE

DELETE

Change

Change

Addition

Addition

Addition

FILED

May 14 1998 8:00am

Secretary of State

11 2008