Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90215 019 \*\*\*150.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # POSOCOSIGIO

1. Corporation J SQUAI	n Name RE CORPORATION	031010									
Principal Place	o of Business	Mailing Addre				_		<del> </del>	HALL BOOKE BANKS OF	HARI BRIDI IINRID ALII	B) 14881 0041 1881
•		-					-				
5395 DOVER VI UNIT 4	ILLAGE LN	5395 DOVER \	VILLAGE LIN								
ORLANDO FL 3	3281.2	ORLANDO FL	32812				-	DO NOT	WRITE IN TI	HIS SPACE	
US		US					3. Date Inc	orporated or Qua	lifed		
ĺ							06/29/	1995			}
2. Principal P	lace of Business	2a. Mailing A	ddress				4. FEI Nun	nber			pplied For
21		26					59-332	22569			lot Applicable
Suite, Apt.	#, etc.	Suite, Apt	. #, etc.							\$8.75	Additional
22		27					5. Certificat	e of Status Desire	ed 🗌	Fee F	Required _
City & Stat	16 ,	City & Sta	ate				6 Election	Campaign Financ	cing	\$5.00	May Be
23	•	28					1	nd Contribution	- P		to Fees
Zip	Country	Zip		Country	,		8. This con	poration owes the	current year	Intangible	l
24	25	29	31	0				l Property Tax.		☐ Yes	<b>∑</b> No
	9. Name and Address of Curren	t Registered Age	nt				10. Name a	nd Address of N	ew Register	ed Agent	
				81	Na	me					
	DAN, JANETTE B			82	Str	roet Addr	nes (P.O. Boy I	Number is Not Ac	centable)		
5395 DOVER VILLAGE LN			82 Street Addre			633 (1 .O. DOX 1	18/1/201 10 1101710	ooptablo;		_	
UNIT				83	1					•	
ORL	ANDO FL 32812				1_						
				84	Cit	ty			F	85 Zip	Code
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

(20) 26, 29 407-249-8259

STREET ADDRESS