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 # P95000051970

WEAN & MALCHOW, P.A.

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90077 025 ***150.00



Principal Place	of Business	Maning Address					
1305 EAST ROB ORLANDO FL 32	1305 EAST ROBINSON STREE ORLANDO FL 32801	t. Suite C			ID 0040E		
	·- -				DO NOT WRITE IN THE	S SPACE	
					3. Date Incorporated or Qualifed 06/30/1995		
		D. Mailing Addrson			4. FEI Number	App	lied For
	ace of Business	2a. Mailing Address	2	Comerch	59-3321293	⊢- +	Applicable
21 130	East Robinson Stra	426 1308 East K	OPINSON	SHELP	39-332 1293	\$8.75 Ac	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	Fee Req	1
22 Suite A 27 Suite A							`
City & State City & State					6. Election Campaign Financing	May Be	
23 Orl	ando, FL	28 Orlande		_	Trust Fund Contribution	Added to	rees
Zip	Country	Zip	Country	^	8. This corporation owes the current year I	ntangible	EN ₀
24 3280	o! 25 レシ <u>/</u> A _	29 5000 30	US	<u>₩</u>	Personal Property Tax.		£140
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registere	a Agent	
			81	Name			
	N, PAUL L		82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
1305 EAST ROBINSON STREET, SUITE C				Oli GBL MGOI			
ORLA	ANDO FL 32801		83				
			84	City	F	85 Zip C	ode
		2 and COZ 1508 Elorido Statutos	the above	named corp	eration submits this statement for the DUFDOSA	of changing its r	registered
				he corporation	on's board of directors. I hereby accept the app	ointment as reg	istered
agent. I ar	m familiar with, and accept the obliga	tions of, Section 607.0505, Florid	a Statutes.	J 1.	1/15	74G)
SIGNATURE	(· Gu	11, welan	1255	ans	. L//J	131	
	Signature, typed or printed name of registered ager		13.	signature require	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
12.		ID DIRECTORS	1.1 TITLE		President	Change	☐ Addition
TITLE	D	- Occure			,		
NAME	WEAN, PAUL L	T. OLUTE C			(Pull L. Wear 1305 East Robinson Str	14. SUIF	ē /t
STREET ADDRESS				ADDRESS	Och 200 A 3280	, j	
CITY-ST-ZIP	ORLANDO FL 32801		1.4 CITY-ST		<u> </u>	Change	Addition
TITLE		☐ DELETE	2.1 TITLE	\	vice President		A
NAME			2.2 NAME		Helena Gungrez Maluno	Ų	
STREET ADDRESS			2.3 STREET	ADDRESS	Helena Gutterrez Malcho 1305 East Robinson stre	s/-	
CITY-ST-ZIP			2. 4 CITY-ST		Mando, FC 32801		
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME .			3.2 NAME				
į į			3.3 STREET	ADDRESS			
STREET ADDRESS			34 CITY-ST				
CITY-ST-ZIP		☐ DELETE	4.1 TITLE	-ZII		Change	☐ Addition
TITLE		<u> </u>	4. 2 NAME				
NAME							
STREET ADDRESS			4.3 STREET	1			
CITY-ST-ZIP			4.4 CITY-ST	-ZIP		Change	Addition
TITLE		☐ DELETE	5.1 TITLE			L_I Ontingo	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST	- ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME		•		
Į.			6.3 STREET	ADDRESS			
STREET ADDRESS	}		6.4 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 or an attachment with an address, with all other like empowered.

SIGNATURE: