## 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 # P95000054688 .

CENTRAL FLORIDA BUSINESS EXCHANCE, INC.

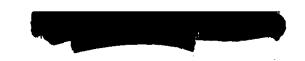
Principal Place of Business 3372 Edgewater Dr.

Mailing Address

P.O. BOX 547477

## May 13, 1999 8:00 am Secretary of State

05-13-1999 90006 050 \*\*\*150.00



ORLANDO, FC 32807	OKKAN GG,	,	, 2, 0, 1	DO NOT WR	ITE IN THIS	SPACE	
•				3. Date Incorporated or Qualifed	•		
				2/12/95			
2. Principal Place of Business	2a. Mailing Address		<del></del>	4. FEI Number		Apr	lied For
21 3233 Edgewater Dr.	28			59-332508	}9	Not	Applicable_
Suite, Apt. #, etc.	Suite, Apt. #, etc.			<u> </u>		\$8.75 A	dditional
22	27			5. Certificate of Status Desired		Fee Rec	
City & State	City & State			6. Election Campaign Financing		\$5.00	May Ba
	<u> </u>			Trust Fund Contribution		Added to	
Zip Country	Zip	Country	,	····			
	<u>-</u>	<del>-</del> -, ′	•	8. This corporation owes the cur	rent year nite	arigioie □ Yes :	X No
24 25	29 30	<u> </u>		Personal Property Tax  10. Name and Address of New	Pagietared		7
9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New	Registares	-gen	<del></del> -
TURNER, JACQUELYN		"	Hanne				
· - · · · · · · · · · · · · · · · · · ·		82	Street Addre	ess (P.O. Box Number is Not Accep	table)		
3372 EDGEWATER DRIVE			323	3 Eagewater	<u> ۲۵۲٬</u>		
ORLANDO FL 32804		83	1				
		0.4	- Cinc			85 Zip C	ode
·		84	City		FL	103 2100	,040
11. Pursuant to the provisions of Sections 607.0502	and 607,1508. Florida Statutes.	, the abov	e-named corpo	oration submits this statement for the	a purpose of	changing its	registered
office or registered agent or both in the State of	f Florida. Such change was auth	コングアミル ひひ	the corporatio	on's coard of directors, I hereby acce	pt the appoir	ntment as reg	istered
agent. I am familiar with, and accept the obligation	ons of, Section 607.0505, Florida	a Statutes	<b>3</b> .				
SIGNATURE JORGELLE T.	Juna				STAG		
Signature, typed of printed name of orgistered agent			nt aignature required	ADDITIONS/CHANGES TO O		ID DIRECTO	RS IN 12
12. OFFICERS AND		13.		ADDITIONS/CHANGES TO O	FIGURE AN	Change	Addition
TITLE PP	C DELETS	: ITITLE				Griange	£_1,134.mm
NAME SAM DAVISTIL		12 NAME					
STREET ADDRESS 8785 Alegre Cir	-	13 STREE	TADORESS				
Orlando, FL 3	2836	1.4 DITY-S	T- ZIP				
TITLE T D	☐ DELETE	2.1 TITLE				Change	Addition
NAME TACQUENIN I.	TURNER	2.2 NAME	İ			•	,
NAME  STREET ADDRESS  CITY-ST-ZIP  Orlando, FL	ar.	23 STREE	TADDRESS				
STAREE AUCRESS	7783L	2.4 CITY-1	"	•			
CITY-ST-ZIP Orlando, FC	DELETE	3.1 TITLE	51-21-			Change	☐ Addition
TITLE	C Deceie	4					_
NAME		3.2 NAME					
STREET ADDRESS		33 STREE	TADDRESS				
CITY-ST-ZIP		3.4, CITY-	ST-Z!P				
TITLE	☐ DELETE	4 ) TITLE				Change	☐ Addition
NAME		4. 2 NAME					
STREET ADDRESS		4.3 STREE	ET ADDRESS				
		44 CITY-5	ST-ZIP				
CITY-ST-ZIP	☐ DELETE	S.1 TITLE			•	Change	Addition
		52 NAME	}				
NAME		4	ET ADDRESS				
STREET ADDRESS		1					
CITY-ST-ZIP		5.4 CITY S	ST-ZIP				
TILE	☐ DELETE	6.1 TITLE				Change	Addition Addition
NAME -		62 NAME				•	•
STREET AODRESS	,	63 STREE	T ADDRESS				
	•	6.4 CITY-1	ST-ZIP				
CITY-ST-ZIP		1					

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: