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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000057607

1. Corporation Name

FILED Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90089 010 ***150.00

Principal Place 718 W. MICHIGAI ORLANDO FL 32	n street	Mailing Address 4942 CENTER LANE ORLANDO FL 32808		<u> </u>		DO NOT WRITE 3. Date Incorporated or Qualifed			
						07/26/1995			
, , , , , , , , , , , , , , , , , , ,	leas of Business	2a Mailing Addross	T-12 No. 2		~	4. FEI Number		Δn	plied For
— , ;	lace of Business	2a. Mailing Address						_ 	t Applicable
21 .		26				59-3329062		\$8.75	
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.			5. Certificate of Status Desired		Fee Re	- 1
City & State	e	City & State			····	6. Election Campaign Financing	_	\$5.00	May Re
23	_	28				Trust Fund Contribution		Added t	- ,
Zip '	Country	Zip	Çou	ıntry		8. This corporation owes the curre	nt vear Inta	naible	
24 ,	25	·	30	•		Personal Property Tax.	,	ŬYes	□No
24 1	9. Name and Address of Current		50	Г		10. Name and Address of New Re	gistered #	gent	
				81	Name		•		
, WASH	HINGTON, ESTHER L								
	V. MICHIGAN STREET			82	Street Addre	ess (P.O. Box Number is Not Acceptab	ole)		
	NDO FL 32805			83					
'									
				84	City		FL	85 Zip (Code
11. Pursuant	to the provisions of Sections our Joola	and our 1500, Fluida Statut	:5, III e a	rpove-	-named corpo	Oldfoll applilla fills orgionising in the E			
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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:

SMATURE AND AFFECT ON ANIE OF SIGNING OFFICER OR DIRECTOR

Date

Date

Description

Description