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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

Feb 19, 1999 8:00 am Secretary of State 02-19-1999 90033 042 ***150.00

1	1999	COD WE	DIVISION OF CO		- UZ-19-1999 :	90033 042	130.00	
1. Corporation	Name	P95000 RNATIONAL IN	061429 IC.					
B to single Plane	of Business		Mailing Address			REISI MAIII GAIII ARIIA))	J. J
l .	Principal Place of Business		646-B FT. SMITH BLVD.					
646-B FT. SMITH BLVD. DELTONA FL 32738		DELTONA FL 32738		DO NO	T WRITE IN THIS	SPACE		
Section 12 52					3. Date Incorporated or Qu		0,7102	
İ					08/07/1995			
D. J. J. Diverse of Division		2a. Mailing Address		4. FEI Number		Appl	lied For	
- -¬	2. Principal Place of Business		26		59-3329522		Not	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Des	sired 🗆	\$8.75 Ad		
22	n, 5to.		27		J. Octatoda of Castos 200		Fee Req	
City & State		City & State		Trust Fund Contribution	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip		Country	Zip	Country	8. This corporation owes t	he current year int	angible ☐ Yes [□No
24	25		<u> </u>	30	Personal Property Tax. 10. Name and Address of	New Registered		
	9. Name and	Address of Curre	nt Registered Agent	81 Name				
CDE	NERT, TERRY I	1		i	D. MADAM) ^		
	LORETTO CT	-		82 Street Add	dress (P.O. Box Number is Not	RUD_		
DELTONA FL 32738			83		<u> </u>			
522.		-		1			85 Zip C	ode
				84 City X	EGINA	FL	- ?2	
					1- C/0/V/1			
11. Pursuant office or n	to the provisions registered agent, am familiar with, a	of Sections 607.05 or both, in the State and accept the oblig	02 and 607.1508, Florida Statute e of Florida. Such change was at ations of, Section 607.0505, Flor	es, the above-named corporation of the corporation		for the purpose of by accept the appo	changing its reg	registered jistered
11. Pursuant office or n agent. I a SIGNATURE	registered agent, am familiar with, a	and accept the oblig	pations of, Section 607.0505, Flor	es, the above-named corporation idea Statutes.	rporation submits this statement tion's board of directors. I heret	DATE		
office or ragent. I a	registered agent, am familiar with, a	and accept the oblig	pations of, Section 607.0505, Flor pent and title if applicable. (NOTE: ND DIRECTORS	ida Statutes. Registered Agent signature requi	rporation submits this statement tion's board of directors. I hereb	DATE	ND DIRECTO	RS IN 12
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