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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000064061

Corporation Name

B00

21

23 Zip 24

FILED Jan 28, 1999 8:00am **Secretary of State**

01-28-1999 90018 010 ***150.00

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Principal Place	of Business	Mailing Address					[(mt +10 10101	#1111 69 116 1				
3348 CURRY FORD RD		P. O. BOX 547945											
ORLANDO FL 32806		Orlando fl. 32854 US				DO NOT WRITE IN THIS SPACE							
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							08/17/19				- т		
2. Principal Pla	ace of Business	2a. Mailing Address	_			4.	FEI Numb					-	lied For
21		26	26				<u>59-3331</u>	143			<u>¢0</u>		Applicable Iditional
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22		City & State				-	i. Election C	amnaign	Financino		\$	5.00 N	Mav Be
City & State	• *	28				0.	Trust Fund			'		dded to	
23 Zip	Country	Zip	Co	untry		8	. This corpo	ration ow	es the cu	ırrent yeai	r Intangibl	e .	_
24	25	29	30		<u> </u>		Personal F	roperty 1	Гах.		<u>□ Y</u>	es l	□No
 -	9. Name and Address of Curren					10). Name and	<u>Addres</u>	s of New	Register	red Ageni	<u> </u>	
					Name								
	ERTSON, CATHERINE L			82	Street Add	dress ((P.O. Box Nu	ımber is f	Not Accep	otable)			
	CHARMONT DRIVE PKA FL 32703			83			.		* **		* * * * *	13 TAY	163 (8)
APOI	PNA FL 32103						· ·			<u> </u>	. <u> </u>	1 - 6	(Melling)
				84	City		· · ·				FL 85	Zip C	ode
11. Pursuant to	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations are secured.	02 and 607.1508, Florida Sta of Florida. Such change was ations of, Section 607.0505, I	tutes, the authorize lorida Sta	above- ed by thatutes.	-named cor he corporat	rporation's b	on submits to board of dire	his staten ctors. 1 h	nent for the ereby acc	e purpos ept the a	e of chang ppointmer	ging its a nt as reg	egistered istered
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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:

407-896-9505