## 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 # P95000064523

NAME STREET ADDRESS

CITY-ST-ZIP

FLORIDA MULTI-SERVICES, INCORPORATED

Principal Plac	e of Business	Mailing	Mailing Address						
1220 E. COLONIAL DR. ORLANDO FL 32803			1220 E. COLONIAL DR. ORLANDO FL 32803				DO NOT WRITE IN THIS	SPACE	
							3. Date incorporated or Qualifed 08/18/1995		e
2. Principal P	lace of Business	2a. Ma	iling Address				4. FEI Number	_ P	Applied For
21		26	26				59-3332233		Not Applicable
Suite, Apt.	#, etc.	$\rightarrow$	Suite, Apt. #, etc.				5. Certificate of Status Desired   \$8.75 Additional Fee Required		
City & Stat	e	City	City & State				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees		
23   Zin	Country	28 Zip		Co	untry	<del></del>	This corporation owes the current year Inta		4
Zip	·	29	1	30	w, (1.1. y		Personal Property Tax.	Yes	No
24	9. Name and Address of Currer			30	т		10. Name and Address of New Registered A		<del></del>
	9. Name and Address of Curren	it Negistere	a vaein	<del></del>	81	Name	10. 140.00 4.14 1.14 1.15 1.15 1.15 1.15		
WAN	IC DETER				-				
Wang, Peter ( ) 1220 E. Colonial dr.						Street Ad	dress (P.O. Box Number is Not Acceptable)		
ORLANDO FL 32803								<del>-</del> _	
UNL	ANDO FL 32003				83				
					84	City	FL	85 Zip	Code
Office or I	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligations are sections.	of Florida, S	Such change was at	ithorize	a bv	the corpora	rporation submits this statement for the purpose of a tion's board of directors. I hereby accept the appoin	tment as r	is registered registered -
SIGNATURE	Signature, typed or printed name of registered age	nt and title if appl	icable (NOTE:	Registere	d Agen	nt signature requi	ired when reinstating) DATE		
12. OFFICERS AND DIRECTORS				13.			ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	ORS IN 12
TITLE	P		☐ DELETE		TLE			Change	e Addition
NAME	WANG, PETER			121	IAME				
•	4000 E 001 011141 00					T ADDRESS			
STREET ADDRESS									
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NAME		<u> </u>		4.2	NAME				
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NAME				5.21	AME	}	是一种特殊的数据的数据		
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CITY-ST-ZIPE 1	to the state of th	<u></u>	DELETE		TILE	<del></del>		Change	e Addition

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.

6.2 NAME

6.4 CITY-ST-ZIP

**SIGNATURE** 

**FILED** 

Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90199 048 \*\*\*150.00

CR2E034 (11/98)