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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherinė Harris

Secretary of State DIVISION OF CORPORATIONS

DOCU 1. Corporatio NW, INC		76338		99 M.R 25 - AM 9: 46	
Principal Place 3300 SOUTH H SUITE 107 ORLANDO FL S	HAWASSEE ROAD	Mailing Address P.O BOX 4961 ORLANDO FL 32802-4961 US		DO NOT WRITE IN THI  3. Date Incorporated or Qualifed	S SPACE
Suite, Apt		2a Mailing Address 26 Suite, Apt #, etc.		10/05/1995 4. FET Number 59-3340214 5. Certificate of Status Desired [ ]	Applied For Not Applicable \$8.75 Additional Fee Required
City & Stat 23 Zip 24	Country  [25]  9. Name and Address of Current F	City & Stale     28	Country	6. Election Campaign Financing Trust Fund Confribution  8. This corporation owes the current year fr Personal Property Tax  10. Name and Address of New Registered	[]Yes []No
390 SUIT ORL	CORPORATE SERVICES OF CENT N. ORANGE AVENUE TE 1100 ANDO FL 32801 to the provisions of Sections 607 0502 a		82 Street Ad 83 Street Ad	idress (P.O. Box Number is Not Acceptable)  Figure 1 in the purpose of the purpos	85 Ziji Code
office or r agent. I a SIGNATURE	registered agent, or both, in the State of im familiar with, and accept the obligation Significe, byted or printed have of registered agent as	ns of, Section 607.0505, Florid	horized by the corpora la Statules. content Apoltopologica		intment as registered
12. TITLE NAME	OFFICERS AND DPST CHIRA, LEE	[]] DELETE	13. 11 TI/LE 12 NAME	ADDITIONS/CHANGES TO OFFICERS A	[   Change
STREET ADDRESS CITY-ST-ZIP TITLE	3300 SOUTH HIAWASSEE ROAD, ORLANDO FL 32835	, SUITE 107	13 STREET ADDRESS 14 CHY-ST-ZIF 2 LTITLE 2 2 NAME	000002817 -03/25/991 ****150.00	01006010 ****150.00 (1Change (1)Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE		[] DELETE	23 STREET ADDRESS 2 4 CITY-ST-ZF- 3 1 TULE		[ ] Change [ ] Addition
NAME STREET ADDRESS CITY-ST-ZIP			32 NAMC 33 STREET ADDRESS 34 CHY-ST-ZIP		
TITLE NAME STREET ADDRESS		[] DELETE	4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS		[ ] Change [ ] Addition
CITY-ST-ZIP TITLE NAME		[] DÉLETE	4.4.CiTy-S3-ZiP 5.1.TiTuE 5.2.NAME		[] Change [] Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME		C.) DELETE	53 STREET ADDRESS 54 CITY-ST-ZIP 61 TILE 62 NAME		TOTAL STOPPE
STREET ADDRESS	/ /		63 STREET ADDRESS		W.

6.4 CITY-ST-ZIP CITY-ST-ZIP the his filmodores not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information 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 iver or truster empowered to execute this ropert as required by Chapter 607, Florida Statutes, and that my name appears in hintent with knyladdress, with all externities empowered. 14. I hereby certify that the information supplied wit indicated on this annual report or supplemental officer or director of the corporation or the receiblock 12 or Block 13 if changed, wor an attack.

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED WIME OF SIGNING OFFICER OR DIRECTOR LEE CHIRA, PRESIDENT

FILED

3-8-99 407-251-1600