Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90188 028 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000077153

THRAILKILL, BROUSSARD & SMITH, P.A.

SUITE 740 SUITE 740 DO NOT WRITE IN THIS SP ORLANDO FL 32801-3450 DO NOT WRITE IN THIS SP US 3. Date Incorporated or Qualified 10/09/1995 10/09/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 26 59-3338 104	PACE		
ORLANDO FL 32801-3450 ORLANDO FL 32801-3450 DO NOT WRITE IN THIS SET US US 3. Date Incorporated or Qualified 10/09/1995 10/09/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 26 59-3338 104	PACE		
US	7		
10/09/1995 2a. Mailing Address 4. FEI Number 25 59-3338 104			
26 59-3338104			
		+	lied For
	- 		Applicable
		/ 5 Ad e Req	dditional
22			
City & State City & State 6. Election Campaign Financing			May Be
23 Trust Fund Contribution		ded to	rees
Zip Country Zip Country 8. This corporation owes the current year Intang	ngible XiYes	г	JNo
24 25 30 30			
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Ag 81 Name	Aeur		
THRAILKILL, G H			
255 SO ORANGE AVENUE 82 Street Address (P.O. Box Number is Not Acceptable)			
SUITE 740 83			
ORLANDO FL 32801-3450		 .	
FL	85	Zip Co	ode)
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of characteristics.	hangin	g its r	egistered
office or registered egent, or both, in the State of Florida. Such change was authorized by the corperation's board of directors. I hereby accept the appointment agent, I am familiar with, and accept the obligations of ection 607.0505, Florida Statutes.	ment a	as regi	stered
			1
SIGNATURE Signature, typed or pointed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND	DIDE	CTOL	
	Cha		RS IN 12
TITLE PD DELETE 1.1 TITLE NAME THRAILKILL, G H 1.2 NAME			
TITLE PD DELETE LITTLE			
TITLE PD DELETE 1.1 TITLE C NAME THRAILKILL, G H STREET ADDRESS CITY-ST-ZIP ORLANDO FL 1.1 TITLE 1.2 NAME 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Cha	ange	☐ Addition
TITLE PD DELETE 1.1 TITLE C NAME THRAILKILL, G H STREET ADDRESS CITY-ST-ZIP ORLANDO FL 1.1 TITLE 1.2 NAME 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		ange	
TITLE PD DELETE 1.1 TITLE DELETE 1.2 NAME STREET ADDRESS CITY-ST-ZIP THRAILKILL, G H 1.2 NAME 1.3 STREET ADDRESS ORLANDO FL 1.4 CITY-ST-ZIP	☐ Cha	ange	☐ Addition
TITLE PD DELETE 1.1 TITLE 1.2 NAME THRAILKILL, G H 1.2 NAME STREET ADDRESS CITY-ST-ZIP ORLANDO FL 1.4 CITY-ST-ZIP TITLE VSD DELETE 2.1 TITLE	☐ Cha	ange	☐ Addition
TITLE PD DELETE 1.1 TITLE NAME THRAILKILL, G H STREET ADDRESS 255 SO ORANGE AVENUE SUITE 740 ORLANDO FL TITLE VSD DELETE 1.1 TITLE NAME BROUSSARD, BRUCE K STREET ADDRESS 2.1 TITLE STREET ADDRESS 2.2 NAME STREET ADDRESS 2.3 STREET ADD	☐ Cha	ange	☐ Addition
TITLE PD DELETE 1.1 TITLE NAME THRAILKILL, G H STREET ADDRESS CHY-ST-ZIP TITLE VSD DELETE 2.1 TITLE NAME BROUSSARD, BRUCE K STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Cha	ange	☐ Addition
TITLE PD DELETE 1.1 TITLE NAME THRAILKILL, G H STREET ADDRESS CITY-ST-ZIP TITLE VSD DELETE 2.1 TITLE NAME BROUSSARD, BRUCE K STREET ADDRESS 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ORLANDO FL 2.4 CITY-ST-ZIP	□ Cha	ange	Addition
TITLE PD DELETE 1.1 TITLE NAME THRAILKILL, G H 12 NAME STREET ADDRESS 255 SO ORANGE AVENUE SUITE 740 1.3 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 1.4 CITY-ST-ZIP TITLE VSD DELETE 2.1 TITLE NAME BROUSSARD, BRUCE K 22 NAME STREET ADDRESS 255 SO ORANGE AVE STE 740 23 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 2,4 CITY-ST-ZIP TITLE VTD DELETE 3.1 TITLE	□ Cha	ange	Addition
TITLE NAME THRAILKILL, G H STREET ADDRESS CITY-ST-ZIP ORLANDO FL TITLE VSD NAME BROUSSARD, BRUCE K STREET ADDRESS CITY-ST-ZIP ORLANDO FL TITLE VTD ORLANDO FL TITLE STREET ADDRESS CITY-ST-ZIP ORLANDO FL TITLE VTD ORLANDO FL TITLE SMITH, KEVIN M STREET ADDRESS TREET ADDRESS STREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS	□ Cha	ange	Addition
TITLE NAME THRAILKILL, G H STREET ADDRESS CITY-ST-ZIP ORLANDO FL TITLE VSD NAME BROUSSARD, BRUCE K STREET ADDRESS CITY-ST-ZIP ORLANDO FL TITLE VTD NAME SMITH, KEVIN M STREET ADDRESS CITY-ST-ZIP ORLANDO FL TITLE VTD NAME SMITH, KEVIN M STREET ADDRESS CITY-ST-ZIP ORLANDO FL 3.3 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 3.4 CITY-ST-ZIP ORLANDO FL 3.5 SO ORANGE AVE STE 740 3.5 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 3.4 CITY-ST-ZIP	□ Cha	ange ange	Addition
TITLE NAME THRAILKILL, G H STREET ADDRESS CITY-ST-ZIP ORLANDO FL TITLE VSD NAME BROUSSARD, BRUCE K STREET ADDRESS CITY-ST-ZIP ORLANDO FL TITLE VTD ORLANDO FL TITLE SMITH, KEVIN M STREET ADDRESS CITY-ST-ZIP ORLANDO FL TORLANDO FL	☐ Cha	ange ange	Addition Addition
TITLE NAME THRAILKILL, G H STREET ADDRESS CITY-ST-ZIP ORLANDO FL NAME BROUSSARD, BRUCE K STREET ADDRESS CITY-ST-ZIP ORLANDO FL NAME BROUSSARD, BRUCE K STREET ADDRESS CITY-ST-ZIP ORLANDO FL DELETE 22 NAME 23 STREET ADDRESS CITY-ST-ZIP TITLE VTD DELETE 31 TITLE NAME SMITH, KEVIN M STREET ADDRESS CITY-ST-ZIP ORLANDO FL DELETE 31 TITLE ORLANDO FL 32 NAME SMITH, KEVIN M STREET ADDRESS CITY-ST-ZIP ORLANDO FL DELETE 31 TITLE ORLANDO FL 1.4 CITY-ST-ZIP DELETE 3.1 TITLE A3 STREET ADDRESS CITY-ST-ZIP TITLE ORLANDO FL DELETE 4.1 TITLE NAME 4.2 NAME	☐ Cha	ange ange	Addition Addition
TITLE PD DELETE 1.1 TITLE NAME THRAILKILL, G H STREET ADDRESS CITY-ST-ZIP ORLANDO FL TITLE VSD DELETE 2:1 TITLE NAME BROUSSARD, BRUCE K STREET ADDRESS 255 SO .ORANGE AVE STE .740 2:3 STREET ADDRESS CITY-ST-ZIP TITLE VTD DELETE 3:1 TITLE NAME SMITH, KEVIN M STREET ADDRESS 255 SO .ORANGE AVE STE .740 3:2 NAME STREET ADDRESS 255 SO .ORANGE AVE STE .740 3:3 STREET ADDRESS CITY-ST-ZIP TITLE VTD DELETE 3:1 TITLE NAME SMITH, KEVIN M STREET ADDRESS 255 SO .ORANGE AVE STE .740 3:3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4:1 TITLE NAME STREET ADDRESS 4:2 NAME STREET ADDRESS 4:2 NAME STREET ADDRESS 4:3 STREET ADDRESS 4:3 STREET ADDRESS 4:3 STREET ADDRESS 4:3 STREET ADDRESS 5:3 STREET ADDRESS 6:3 STR	☐ Cha	ange ange	Addition Addition
TITLE PD DELETE 1.1 TITLE NAME THRAILKILL, G H STREET ADDRESS 255 SO ORANGE AVENUE SUITE 740 ORLANDO FL TITLE VSD 1.4 CITY-ST-ZIP TITLE WSD 22 NAME STREET ADDRESS 255 SO .ORANGE AVE STE .740 ORLANDO FL 2.1 TITLE NAME BROUSSARD, BRUCE K STREET ADDRESS 255 SO .ORANGE AVE .STE .740 ORLANDO FL 2.4 CITY-ST-ZIP TITLE VTD DELETE 3.1 TITLE NAME SMITH, KEVIN M STREET ADDRESS 255 SO ORANGE AVE STE 740 ORLANDO FL 3.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE NAME SMITH, KEVIN M STREET ADDRESS ORLANDO FL 3.4 CITY-ST-ZIP TITLE 4.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP TITLE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP TITLE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Cha	ange	Addition Addition
TITLE PD DELETE 1.1 TITLE NAME THRAILKILL, G H STREET ADDRESS CITY-ST-ZIP ORLANDO FL TITLE VSD DELETE 2.1 TITLE NAME BROUSSARD, BRUCE K STREET ADDRESS CITY-ST-ZIP ORLANDO FL TITLE VTD DELETE 2.3 STREET ADDRESS CITY-ST-ZIP TITLE VTD DELETE 3.1 TITLE NAME SMITH, KEVIN M STREET ADDRESS CITY-ST-ZIP TITLE VTD 32 NAME STREET ADDRESS CITY-ST-ZIP TITLE SS SO ORANGE AVE STE 740 33 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE COMMENTS OR ANDERSS CITY-ST-ZIP TITLE COMMENTS OR ANDERSS	Cha	ange	Addition Addition Addition
TITLE NAME THRAILKILL, G H STREETADDRESS CITY-ST-ZIP TITLE VSD NAME BROUSSARD, BRUCE K STREETADDRESS CITY-ST-ZIP ORLANDO FL TITLE VTD NAME SMITH, KEVIN M SMITH, KEVIN M STREETADDRESS CITY-ST-ZIP TITLE NAME SMITH, KEVIN M SMITH, KEVIN M STREETADDRESS CITY-ST-ZIP TITLE NAME STREETADDRESS CITY-ST-ZIP TITLE STREETADDRESS STREETADDRESS CITY-ST-ZIP TITLE STREETADDRESS STREETADDRESS STREETADDRESS CITY-ST-ZIP TITLE STREETADDRESS STREE	Cha	ange	Addition Addition Addition
TITLE PD DELETE 1.1 TITLE NAME THRAILKILL, G H STREET ADDRESS CITY-ST-ZIP ORLANDO FL TITLE VSD DELETE 2.1 TITLE NAME BROUSSARD, BRUCE K STREET ADDRESS CITY-ST-ZIP ORLANDO FL TITLE VTD DELETE 3.1 TITLE NAME SMITTH, KEVIN M STREET ADDRESS CITY-ST-ZIP TITLE VTD DELETE 3.1 TITLE NAME SMITTH, KEVIN M STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Cha	ange	Addition Addition Addition
TITLE NAME THRAILKILL, G H STREETADDRESS CITY-ST-ZIP ORLANDO FL TITLE VSD NAME BROUSSARD, BRUCE K STREETADDRESS CITY-ST-ZIP ORLANDO FL TITLE VTD NAME SMITH, KEVIN M STREETADDRESS CITY-ST-ZIP TITLE NAME SMITH, KEVIN M STREET ADDRESS CITY-ST-ZIP TITLE NAME SMITH, KEVIN M STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS STREET ADDRES	Cha	ange ange	Addition Addition Addition
TITLE NAME THRAILKILL, G H STREETADDRESS CITY-ST-ZIP ORLANDO FL TITLE VSD NAME BROUSSARD, BRUCE K STREETADDRESS CITY-ST-ZIP ORLANDO FL TITLE VTD NAME SMITH, KEVIN M STREETADDRESS CITY-ST-ZIP TITLE NAME SMITH, KEVIN M STREETADDRESS CITY-ST-ZIP TITLE NAME SMITH, KEVIN M STREETADDRESS CITY-ST-ZIP TITLE NAME STREETADDRESS CITY-ST-ZIP TITLE NAME STREETADDRESS CITY-ST-ZIP TITLE NAME AL CITY-ST-ZIP TITLE NAME AL CITY-ST-ZIP TITLE NAME AL STREETADDRESS CITY-ST-ZIP TITLE NAME STREETADDRESS CITY-ST-ZIP NAME STREETADDRESS CITY-	Cha	ange ange	Addition Addition 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP