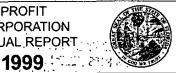
Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90044 024 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # POSOOO94917

1. Corporation THRIFT	(ORNER ORLANDO OF FLOR					
Principal Place	of Business	Mailing Address)) 1811: BIBIB IBIBI (1811 (491 1881	
2714 N PINE HILLS BLVD 16000 MILL CREEK BLVD						
ORLANDO FL 32808 STE 200				DO NOT WRITE IN THI	S SPACE	
US MILL CREEK WA 98012 US				3. Date Incorporated or Qualifed		
		US		11/06/1995	Ţ	
2 Principal Di	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
	ace or business	26 2806 N. P	Wegner W		Not Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	1.10		\$8.75 Additional	
22	.,	27		5. Certificate of Status Desired	Fee Required	
City & State City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23 TUCSON-			-A7	Trust Fund Contribution	Added to Fees	
Zip	Country	Zip 06019 —	Country	8. This corporation owes the current year le		
24	25	29 42 63 111 30	<u> </u>	Personal Property Tax.	Yes No	
	9. Name and Address of Current I	Registered Agent		10. Name and Address of New Registered	d Agent	
Name						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			82 Street Address (P.O. Box Number is Not Acceptable)			
						83
			v. ,	•	•	84 City
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 changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE	المراجع المحادث					
THE PROPERTY.	Signature, typed or printed name of registered agent a			quired when reinstating)		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	TO Addition	
TITLE	PD POOLETINE	DELETE DELETE	1.1 TITLE	2806 N. Alvernous	Jan Distriction	
NAME	SEFEROS, JACQUELINE		1.2 NAME	TUCSON AZ 8571		
STREET ADDRESS	24202 NORTH 86TH STREET		1.3 STREET ADDRESS	10-501 11- 0-11		
CITY-ST-ZIP	SCOTTSDALE AZ 85255	DELETE	1.4 CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE	STD	₩ OETE1E	2.1 TITLE			
NAME	SEFEROS, GEORGE		2.2 NAME			
STREET ADDRESS	2127 159TH COURT, S.E.		2.3 STREET ADDRESS			
CITY-ST-ZIP	MILL CREEK WA 98012	☐ DELETE	2.4 CITY-ST-ZIP		Change Addition	
TITLE	VPD		3.1 TITLE	2806 N. Alveryon W Tucson, AZ 857!	ישל	
NAME .	KITTRELL, KIRK		3.2 NAME	TUCSON AS 8571	ا	
STREET ADDRESS	124 TATE COURT			1003019, HZ 1001	V.(
CiTY-\$T-ZiP	ORLANDO FL		3.4. CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE	VPD	T Dereig	4.1 TITLE	2806N. Alvernon TUCSON AZ 857	المعددة المعدد	
NAME	KITTRELL, LESLIE		4. 2 NAME			
STREET ADDRESS	124 TATE COURT		4.3 STREET ADDRESS	TUCSON AZ 857	19	
CITY-ST-ZIP	ORLANDO FL	☐ DELETE	4.4 CITY-ST-ZIP		Change Addition	
TITLE			5.1 IIILE 5.2 NAME			
NAME			5.3 STREET ADDRESS			
STREET ADDRESS			5.4 CITY-ST-ZIP		ĺ	
CITY-ST-ZIP		□ DELETE	61 TITLE		Change 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 the empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINT