May 19, 1999 8:00 am Secretary of State

05-19-1999 90001 022 \*\*\*750.00

## 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 # P9600001047

THOMA	AS C. FEENEY, III, P.A.								
Principal Pla	ice of Business	Mailing Address				i 1901105) fin 16110 61141 08411 novec core; et	TEST ABINI TENET ANGLE I	7(41) 1021 (46)	
28 W CENTRAL BLVD ORLANDO FL 32801		28 W CENTRAL BLVD ORLANDO FL 32801				DO NOT WRITE IN TH	HIS SPACE -	<u>ــــــــــــــــــــــــــــــــــــ</u>	
						3.	Date Incorporated or Qualifed 12/27/1995	·	
2. Principal	Place of Business	2a. Mailing Address			4.	. FEI Number	<del></del>	plied For	
21						59-3358499		t Applicable	
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.			5.	i. Certifcate of Status Desired	\$8.75 A Fee Re		
City & Sta	ate	City & State			6	i. Election Campaign Financing  Trust Fund Contribution	\$5.00 Added to	•	
Zip	Country Zip			Country		8	I. This corporation owes the current year		_
24	25	29		30			Personal Property Tax.	Yes	□ No
	9. Name and Address of Curre	ent Registered Agent		81		10	). Name and Address of New Register	ed Agent	
28 W CENTRAL BLVD ORLANDO FL 32801				82 83 84	City			<b>EL</b>   85   Zip (	
11. Pursuar office or agent. I	nt to the provisions of Sections 607.05 r registered agent, or both, in the Stat am familiar with, and accept the oblig	502 and 607.1508, Florida S e of Florida. Such change v gations of, Section 607.050	Statutes, t vas autho 5, Florida	he abov rized by Statutes	e-named the corpo	corporation s b	on submits this statement for the purpose poard of directors. I hereby accept the ap	of changing its pointment as reg	registered gistered
SIGNATURI	Signature, typed or printed name of registered as	annt and title if annicable	(NOTE Regi	istered Age	ot signature i	equired when	reinstating) DATE		
		ND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	DPTS	☐ DELE	TE	1.1 TITLE				Change	Addition
NAME	FEENEY, THOMAS C III	li		1.2 NAME					
STREET ADDRES				1.3 STREET ADDRESS					
CITY-ST-ZIP ORLANDO FL 32801			I	1.4 CITY-ST-ZIP		_			
TITLE		☐ DELE	TE	2.1 TITLE			•	Change	☐ Addition
NAME			1	2.2 NAME		Į			
STREET ADDRES	STREET ADDRESS		2.3 STREET ADDRESS						
CITY-ST-ZIP					2.4 CITY-ST-ZIP				
TITLE		☐ DELE	TE .	3.1 TITLE				Change	Addition
NAME			Į	3.2 NAME		l			
STREET ADDRES	ss		I	3.3 STREE	T ADDRESS				
CITY-ST-ZIP				3.4. CITY-	ST-ZIP	L .			

CITY-ST-ZIP es not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied with this filipe indicated on this annual report or supplemental annual report of composition or the receiver or the Block 12 or Block 13 if changed, or on an attachment with ess, with all other like empowered.

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS 4.4 CfTY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

☐ DELETE

☐ DELETE

Change

Change

☐ Change

☐ Addition

☐ Addition

Addition

CR2E034 (11/98)