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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P9600005430

1. Corporation Name

Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90097 003 ***150.00

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Daine sine of Direct	- Continue	Mailing Address				-				
Principal Place		Mailing Address								
8609 GEORGIA TECH STREET 8609 GEORGIA TECH STREET ORLANDO FL 32817 ORLANDO FL 32817						DO NOT WRITE	E INI THIC	SDACE		
							IN THIS	SFACE		
						3. Date Incorporated or Qualifed 01/16/1996				
Principal Place of Business 2a. Mailing Address						4. FEI Number			Applied Fo	or
21		26				59-3366850			Not Applic	able
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			& Continue of Status Desired		\$8.7	5 Addition	al
22		27			5. Certificate of Status Desired		Fee	Required		
City & State	e	City & State			6. Election Campaign Financing		\$5.0)0 May Be	•	
23					Trust Fund Contribution		Add	ed to Fees		
Zip	Country	Zip	Coun	try		8. This corporation owes the currer	nt year Inta	ingible		
24	25	29	30			Personal Property Tax.	2	Yes	□No	
	9. Name and Address of Current	t Registered Agent				10. Name and Address of New Re	gistered A	gent		
		,	3	B1 N	lame					
	ITER, KAREN I		1	B2 S	Street Addre	ess (P.O. Box Number is Not Acceptab	le)			
	GEORGIA TECH STREET		- 1	· `		, , , , , , , , , , , , , , , , , , ,				
ORL	ANDO FL 32817		1	B3	·		•			
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			'	84 C	City		FL	63 2	.ір Соце	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	nt Florida. Such change was a	utborizedi	hv the	amed corpo corporation	oration submits this statement for the p n's board of directors. I hereby accept	urpose of other	changing Itment as	its registe registered	red
			nda Statut	es.						
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SIGNATURE	Signature, typed or printed name of registered agen			es.	nature required	when reinstating)	DATE			
SIGNATURE		t and title if applicable. (NOTE		es.	gnature required	when reinstating) ADDITIONS/CHANGES TO OFFI				
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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.

SIGNATURE: (1/2)