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

PROFIT CCRPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Kather ne Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90124 031 \*\*\*150.00

DOCU 1. Corporato	MENT # P960 on Name o. C., Inc.	00009907°C					
,	ce of Business	Mailing Address					
Octano	do, FC	CO,C, INC	•				
	,	4333 Dank	zert St	DO NOT WRITE IN TH	HIS SPACE		
		Orlando FL		3. Date Incorporated or Qualifed January 24th 19	910		
2. Principal	Place of Business	2a. Mailing Address		4. FEI Nur iber	Api	pl ed For	
21 00%	mdo Pl	26 COC I	لك	59-3354481	No	t //pplicable	
Suite, Ap.		Suite, Apt. #, etc.	~	5. Certifca e of Status Desired	\$8.75 A	d titional	
22		27 A 333 Nc	wbort St	3. Certica e of Status Desired	Fee Re	quired	
- City & Star	te	City & State		6. Election Campaign Financing	\$5.00		
23		28 Orlando		Trust Ft nd Contribution	Added to	o Fees	
Zip	Country	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Country 30 4 SA	8. This corporation owes the current year		ETNO	
24	9. Name and Address of Curre		30 4 27	Personal Property Tax.  10. Name and Address of New Registere	_	[AINO	
			83 City Viv	V. Graham White, Estess (P.O. Box Idumber is Not Acceptable) W. P.A. 250 Park Ave. S Sth	- 1 1	789	
office or i		e of Florida. Such change was au	thorized by the corporati	poration submits this statement for the purpose on's board of directors. I hereby accept the app			
		1.+0 E / /	$n \neq 1$	1n/1-11 7/11	7 <i>100</i>		
SIGNATURE		gent ai d title if applicable. (NOTE:	Registered Agent signature require	d when reinstating) DATE	7,199		<u> </u>
SIGNATURE	Signature, typed or printed name of registered as	gent ai d Me if applied ble. (NOTE:	Registered Agent signature require	d when reinstating)  ADDITIONAS/CHANGES TO OFFICERS	7/99 AND DIRECTOR	RS IN 12	(86)
	Signature, typed or printed name of registered a				AIND DIRECTOR	RS IN 12	(11/98)
12.	Signature, typed or printed name of registered as  C FFICERS A  Tres sclengt  Signature, typed or printed name of registered as	AND DIRECTORS	13.		<del></del>		34 (11/98)
12.	Signature, typed or printed name of registered as  CFFICERS A  Free schent  Scott Nounhers  Pur, Box HOILI	ND DIRECTORS □ DELETE	13. 11 TITLE		<del></del>		E034 (11/98)
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14. Thereby 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 cer ify that the information indicated on this annual report or supplemental an rual 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, cr on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRI VIED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-99

407-948-0948

D lytime Phone #