CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris 🕝

Secretary of State DIVISION OF CORPORATIONS

P96 0000 17287 DOCUMENT #

1. Corporation Name

FILED May 10, 1999 8:00 am Secretary of State 05-10-1999 90233 040 ***150.00

neje	ess, Inc.						* 5 ₅₃₇₄₇	2' - 90233 - 4	0	
Principal Place of Business 4868 Lake Ridge Road Action Florida 32808 Mailing Address 4868 Lake Ridge Road ORlando, Florida 32808						oad				
ORlando, Florida 32808 URlando, I-Lor					iaa sa	2808	DO NOT WRIT	E IN THIS	SPACE	
ORIAN	ide i walias sessi						3. Date Incorporated or Qualifed			
							2/22/1996			
2. Principal P	Place of Business	2a. Mailing Addi	ress				4. FEI Number		Ap	plied For
21 .		26					59-3416493		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #	, etc.				5. Certifcate of Status Desired	П	\$8.75 A	I
22		27					5. Certificate of Ottalas Section		Fee Re	quired
City & Stat	te	City & State					6. Election Campaign Financing	П	\$5.00	
23		28					Trust Fund Contribution	-	-Added-t	o Fees-
Zip	Country	Zip		Country			8. This corporation owes the curre	-		
24	25	29	30	1			Personal Property Tax.		☐Yes	□No
	9. Name and Address of Current	Registered Agent		81	Nomo		10. Name and Address of New Ro	egistered A	gent	
-	Dorine BARRE	TT		"	Name					į
_	DORATE SIRRE	Dage C.		82	Street A	Address	(P.O. Box Number is Not Acceptate	ole)		
	4868 Lake Ridge	e House								
	Orlando, Florid	a 32808	3	83						
	•			84	City				85 Zip C	Code
								<u> </u>	<u> </u>	
11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State o	and 607.1508, Flori If Florida, Such chan	da Statutes, th	ne above	-named o	corpora vration's	tion submits this statement for the p board of directors. I hereby accept	surpose of c the appoint	hanging its ment as rec	registered pistered
	im familiar with, and accept the obligation					nudon 5		,		,
SIGNATURE	Dornie Ran	Q (1) 00E	SIDENT				11	199/9	Q .	
			31 DC N 1				7 -	/ 04////	,	Y
	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Regis		t signature re	equired wh	en reinstating)	/29/9 DATE		
12.	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. DIRECTORS	(NOTE: Regis	13.	t signature re	equired wh	en reinstating) ADDITIONS/CHANGES TO OFF	DATE	DIRECTO	
12. ΠΠΕ (ρ)	Signature, typed or printed name of registered agent OFFICERS AND PRESIDENT	and title if applicable. DIRECTORS	(NOTE: Regis	13. 1.1 TITLE	t signature re	equired wh	en reinstating)	DATE		RS IN 12
12. TITLE (β)	Signature, typed or printed name of registered agent OFFICERS AND PRESIDENT	and title if applicable. D DIRECTORS	(NOTE: Regist	13. 1.1 TITLE 1.2 NAME		equired wh	en reinstating)	DATE	DIRECTO	
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12. TITLE (P) NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PRESIDENT DORINE BARRETT 4868 Lake Ridge F Orlando Floride	and title if applicable. DIRECTORS DO Road 32808	(NOTE: Register 1) ELETE 1 1 1	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST	ADDRESS	equired wh	en reinstating)	DATE	DIRECTO Change	Addition
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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: