## 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 # **P96000040578**

1. Corporation Name

## Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90061 025 \*\*\*150.00

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Principal Place	e of Business	Mailing Address				t immilmet irm imit meter meir	Alfrei Mastr Catte A	ikii akiai auu i	ESEL (EII IESI
1550 S LAKEMONT AVE 1550 S LAKEMONT AVE									
WINTER PARK FL 32792 WINTER PARK FL 32792						DO NOT W	RITE IN THIS	SDACE	
						3. Date Incorporated or Qualif		SFACE	
						05/06/1996	, u		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Ap	plied For
21		26				59-3403641			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<b>–</b>			5. Certificate of Status Desired   \$8.75 Additional Fee Required			
City & State City & State						6. Election Campaign Financia	9 [	\$5.00	May Be
23	•					Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	Countr	У		8. This corporation owes the o	urrent year Int		
24	25	29	30			Personal Property Tax.	Basistand		□No
<del>_</del> _	9. Name and Address of Cur	rent Registered Agent	8	1 N:		10. Name and Address of Ne	w Kegisteren	Agent	
AYC	OCK, DAVID H		Ľ						
1550 S LAKEMONT AVE			8:	2 Si	treet Addres	ss (P.O. Box Number is Not Aco	eptable)		
WINTER PARK FL 32792			8	3				· · · · · · · · · · · · · · · · · · ·	
								]	2.4.
		•	8-	4 C	ity	•	FL	85 Zip (	Code
agent. I a	to the provisions of Sections of A egistered agent, or both, in the Sta m familiar with, and accept the obi Signature, typed or printed name of registered	igations of, Section 607.0505, F	lorida Statute	es.	_		DATE		
12.	OFFICERS AND DIRECTORS		13.	13.		ADDITIONS/CHANGES TO	OFFICERS AN		
TITLE	P	☐ DELETE	1.1 TITLE					☐ Change	Addition
NAME	AYCOCK, DAVID H			1.2 NAME					
STREET ADDRESS	1550 SOUTH LAKEMONT A	VE .	1.3 STREET ADDRESS						
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-		<u>`</u>			Change	Addition	
TITLE		☐ DELETE	2.1 TITLE					Citalige	
NAME			2.2 NAME						l
STREET ADDRESS			2.3 STRE						Í
CITY-ST-ZIP			2.4 CITY 3.1 TITLE		<del></del>		<del></del>	Change	Addition
TITLE NAME	. *		3.2 NAME		1	•			
STREET ADDRESS			3.3 STRE		XESS				
CITY-ST-ZIP			3.4. CITY		l l				
TITLE		☐ DELETE					·	Change	Addition
NAME			4, 2 NAM	E					-
STREET ADDRESS			4.3 STRE	ET ADD	DRESS				
CITY-ST-ZIP			4,4 CITY-		·			[ <sup>m</sup> ] Oh	Addition
TITLE		☐ DELETE	5.1 TITLE		1			Change	☐ Addition
NAME			5.2 NAME		DESC				ľ
STREET ADDRESS			5.3 STRE 5.4 CITY		1				ļ
CITY-ST-ZIP		DELETE	6.1 TITLE					Change	Addition
TITLE			62 NAME						_

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 of 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.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP