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

Mailing Address 1411 EDGEWATER DR.

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000045377**

GASE & DUMM, P.A.

Principal Place of Business

1411 EDGEWATER DR.

STE 200

ORLANDO FL 32804		ORLANDO FL 32804			DO NOT WRITE IN THIS SPACE			
US		US			3. Date Incorporated or Qualifed 05/28/1996			
· · · · · · · · · · · · · · · · · · ·		0 110 111			4. FEI Number			plied For
	lace of Business	2a. Mailing Address			59-3382446			t Applicable
21		26			39-3302440		8.75 A	
Suite, Apt.	# <u>, et</u> c	Suite, Apt. #, etc.			5:Certifcate of Status Desired		Fee Re	
22		27 City 8 State		 				'
City & State	e	City & State			6. Election Campaign Financing		\$5.00 Added to	,
23		28	Country		Trust Fund Contribution			J r ees
Zip	Country	Zip	_ `	,	8. This corporation owes the current			□No
24	25		0		Personal Property Tax. 10. Name and Address of New Re			
	9. Name and Address of Currer	nt Registered Agent	81	Name	10. Name and Address of New Re	Blatelen van	***	
GASI	E, JAMES E		"	, name				
1411 EDGEWATER DR.			82	Street Addre	ss (P.O. Box Number is Not Acceptable	e)		
STE 200			L					
			83					
UKL	ANDO FL 32804		84	City		8	S Zip C	ode
						┡┖╵		
11. Pursuant office or r	to the provisions of Sections 607.050 registered agent, or both, in the State	2 and 607.1508, Florida Statutes of Florida. Such change was aut	the above horized by	e-named corpo the corporation	ration submits this statement for the pu i's board of directors. I hereby accept	urpose of cha the appointm	nging its ent as re	registered jistered
agent. I a	im familiar with, and accept the obliga	itions of, Section 607.0505, Florid	ia Statutes	3.				
SIGNATURE	Signature, typed or printed name of registered agei	nt and title if applicable. (NOTE: R	tegistered Age	nt signature required	when reinstating)	DATE		
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND D	IRECTO	
TITLE	D	☐ DELETE	11 TITLE] Change	☐ Addition
NAME	GASE, JAMES E		1.2 NAME					
STREET ADDRESS	AAAA EDOGWATED DD OTE OO	0	1.3 STRES	TADDRESS				
CITY-ST-ZIP	ORLANDO FL 32804		1.4 CITY-5	ST-71P				
TITLE	D	☐ DELETE	2.1 TITLE		,] Change	Addition
NAME	DUMM, PAUL M		2.2 NAME					
	AAAA EDOMANATED DE OTE AO	n		T ADDRESS				
STREET ADDRESS	ORLANDO FL 32804	•	2.4 CITY-	1	•			
CITY-ST-ZIP	OREANDO LE 32004	□ DELETE	3.1 TITLE	51-ZIP			Change	Addition
TITLE	٤		3.2 NAME				. •	-
NAME								
STREET ADDRESS				TADDRESS				
CITY-ST-ZIP		C PELETE	3 4. CITY~	ST-ZIP] Change	Addition
TITLE		☐ DELETE	4.1 TITLE			۲.	Johnsto	L , 100111011
NAME			4. 2 NAME	i				
STREET ADDRESS			4.3 STREE	TADDRESS				
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP			10-	T & state -
TITLE		☐ DELETE	5.1 TITLE			Ľ] Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	TADORESS				
CITY-ST-ZIP			5.4 CITY- 9	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE		-] Change	☐ Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	T ADDRESS				
CITY-ST-ZIP			6.4 CITY-5	ST-ZIP				
0111-31-210	I			1				

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 op an attachment with an address, with all other like empowered.

FILED

Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90026 038 ***150.00