PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000065613**1. Corporation Name

FIFTY SOMETHING, INC.

Principal Place of Business Mailing Address							1 1054160: HE 15110 STAY SOLA SOLA SOLA SOLA SOLA SOLA SALA SALA
9101 INTERNATIONAL DR 10146 NEWINGTON DR. SUITE 1178 ORLANDO FL 32836 ORLANDO FL 32819							DO NOT WRITE IN THIS SPACE
US							3. Date Incorporated or Qualifed 08/05/1996
Principal Place of Business 2a. Mailing Address							4. FEI Number Applied For
21 26							59-3401360 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27							5. Certificate of Status Desired Search Fee Required
	City & State City & State						6. Election Campaign Financing \$5.00 May Be
23							Trust Fund Contribution Added to Fees
Zip	Country 25	29	Zip	Country 30			8. This corporation owes the current year Intangible Personal Property Tax. Yes No
	9. Name and Address of Curren	nt Regist	tered Agent				10. Name and Address of New Registered Agent
	A ======				81	Name	
JONG, TERRY D 10146 NEWINGTON DR. ORLANDO FL 32836				ì	82	Street Add	dress (P.O. Box Number is Not Acceptable)
				ĺ	83		
					84	City	FL 85 Zip Code
office or r agent. I a SIGNATURE	to the provisions of operations our seguistered agent, or both, in the State m familiar with, and accept the obligations of the obligation	itions of,	Section 607,0505, Fi	onda Statt	nes	·	rporation submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered red when reinstating)
12.	OFFICERS AN			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	•	☐ DELETE	1.1 111	LE		☐ Change ☐ Addition
NAME	30110, 1211111 D			1.2 NA			
STREET ADDRESS	10170 Inchines					TADDRESS	
CITY-ST-ZIP	O OCI CTC			1.4 CIT		T-ZIP	☐ Change ☐ Addition
TITLE NAME	STD Jong, Sally K			2.1 III			
STREET ADDRESS	10146 NEWINGTON DR.					T ADDRESS	
CITY-ST-ZIP				2.4 C	TY-S	ST-ZIP	• . • • • • • • • • • • • • • • • • • •
TITLE				3.1 TIT	LE		☐ Change ☐ Addition
NAME	JONG, G. MICHAEL		ME				
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CITY-ST-ZIP	THE THE TENT OF TH				ST-ZIP	Change Addition	
TITLE] U				ļ		
NAME STREET ADDRESS	JONG, CHRISTOPHER W 10146 NEWINGTON DR.					T ADDRESS	
CITY-ST-ZIP ORLANDO FL 32836 44.CI							
TITLE	OTILITIDO TE UZODO		☐ DELETE	5.1 TI			☐ Change ☐ Addition
NAME				5.2 NA	ME		
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CITY-ST-ZIP			□ netete	5.4 CF 6.1 TF		T-ZIP	☐ Change ☐ Addition
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

NAME

STREET ADDRESS

SWIKE DONGE E SEWEKTONG SIGNATURE AND TYPED OR PRINTED JUME OF SIGNING OFFICE OR DIRECTOR

4-29-99

407-370-4424

CRZE034 (11/98

FILED

May 01, 1999 8:00 am Secretary of State

05-01-1999 90071 043 ***150.00