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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000065648

Principal Place of Business	Mailing Address	
234 E 8TH ST APOPKA FL 32703	234 E 8TH ST APOPKA FL 32703	

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90211 043 ***300.00

	FOLIAGE COMPANY				· 				
Principal Place of B	Business	Mailing Address				s continue (in third fill) and (i a)		g.:21 pl/18 c /llf	4-461 IBN 1881
234 E 8TH ST APOPKA FI_ 32703		234 E 8TH ST APOPKA FL 32703				DO NOT WR	ITE IN TH	IIS SPACE	
						3. Date incorporated or Qualifed			
						08/05/1996			
2. Principal Place t	of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
21		26				59-3394296		No	t Applicable
Suite, Apt. #, etc	с.	Suite, Apt. #, etc.		_		5. Certifiate of Status Desired		\$8.75 / Fee Re	
City & State		City & State				6. Election Campaign Financing		\$5.00	May Be
23		28		_		Trust Fund Contribution		Added t	•
Zip	Country	Zip	Coun	itry		8. This corporation owes the cur	rent year		
24	25	29	30			Perso all Property Tax.	<u> </u>	☐ Yes	□No
9.	Name and Address of Current	Registered Agent	.	81 Narr		10. Name and Address of New	Register	d Agent	
SUBALINI	JOSEPH A)`	81 Narr	ie				
	OCHMORE CIR		Ī	82 Stre	et A idre	ss (P.O. Bo < Number is Not Accept	able)		
	10UTH FL 32776		ļ.	83					
	100111111102770		'	83					
			1	84 City			F	85 Zip (Code
11. Pursuant to the	provisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the abo	ove-name	ed como	ration submits this statement for the	purpose	of changing its	registered
The following to the	p. 0.10.10.0.10 0. 0.100.0.10 0.0.1000.							32	
office or registe	ered agent, or both, in the State of	Florida, Such change was	authorized I	by the co	rporation	n's board of directors. I hereby acce	bt the apt	ointment as re	gistered
agent. I am fan	ered agent, or both, in the State of miliar with, and accept the obligate	Florida. Such change was ons of, Section 607.0505, Fi	authorized I orida Statut	by the co	rporation	o's board of directors. I hereby acce	pt the apt	ointment as re	gistered
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14. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(5)(i), Florida Statutes. I further ce tify that the information indicated on this annual report or supplied with this filing does not quality for the exemption stated in Section 119.07(5)(i), Florida Statutes. I further ce tify that the information indicated on this annual report or supplied with this filing does not quality for the exemption stated in Section 119.07(5)(i), Florida Statutes. I further ce tify that the information indicated on this annual report or supplied with that I ar a an officer or director of the corporation or the receipt or trustee empowered to execute this report as required by Chapter 307, Florida Statutes; and that if y name appears in Block 12 or Block 13 if changed, or on an attaching entire the with an address, with all other like empowered.

SIGNATURE:

869-7999