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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000069587

1. Corporation Name

## **FILED** Jan 28, 1999 8:00am **Secretary of State**

01-28-1999 90027 004 \*\*\*150.00

Principal Plac 8849 EXCHANG ORLANDO FL	GE DRIVE	Malling Address 8849 EXCHANGE DRIVE ORLANDO FL 32809						ITE IN THIS			1 ■ 4 §
					3.	Date Incorporated		·	01.102		
•						08/21/1996				137	
2. Principal P	Place of Business	2a. Mailing Address			4.	FEI Number				Applied For	26
21		26				59-3400052				Not Applicable	-4 -6-
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			_	Certifcate of Statu	s Desired			Additional	4
22		27								Required	
City & Stat	te	City & State			1 7.	Election Campaign	_			May Be	- *
23	0	28	Country			Trust Fund Contril				d to Fees	
Zip=~~~	Country	ZIp 30	, '	y		This corporation of Personal Property		rent year Int	angible □Yes	□No	
24	25   9 Name and Address of Current					Name and Addre		Registered /			•
	g, Hamila and Address of Ourient	Togisterou rigoni	81	Name	10.						
	ANSON, KJELL A	•	-			O Davidson to a la	At-1 A				
	P EXCHANGE DRIVE		82	Street Addre	ess (P.	O. Box Number is	Not Accept	able)			
ORL	ANDO FL 32809	·	83	,			15.73	10 10 13	1 1 2 5 8	- 15 (d. 12)	
	•		84	l City		<u> </u>	<u> </u>	M. 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	85 Zij	p Code	
	•			1				FL	.     '		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abov	e-named corpo	oration	submits this state	ment for the	purpose of	changing	its registered	
(11. Pursuant office or i agent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligation of the state of the section of			ve-named corporation the corporation s.  ont signature required			ment for the hereby acce	purpose of pt the appoir	changing intractions	its registered registered	<b>1</b> €
	-	and title if applicable. (NOTE: Reg			d when re			DATE	ID DIREC	TORS IN 12	
SIGNATURE	Signature, typed or printed name of registered agent a OFFICERS AND	and title if applicable. (NOTE: Reg	istered Age		d when re	ainstating)		DATE		TORS IN 12	
SIGNATURE	Signature, typed or printed name of registered agent a OFFICERS AND D ALLANSON, KJELL A	and title if applicable. (NOTE: Reg	istered Age	int signature required	d when re	ainstating)		DATE	ID DIREC	TORS IN 12	
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SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent a OFFICERS AND D ALLANSON, KJELL A 8849 EXCHANGE DRIVE	and title if applicable. (NOTE: Reg DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	ont signature required  T ADDRESS T-ZIP	d when re	ainstating) ADDITIONS/CHAN		DATE	D DIREC	TORS IN 12 e	
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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.

407-438-7020