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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Principal Place of Business Mailing Address Mailing Address Mailing Address									
381 WEST TROTTERS DRIVE MAITLAND FL 32751 381 WEST TROTTERS DRIVE MAITLAND FL 32751					DO	NOT WRI	TE IN THIS	SPACE	
					ite incorporated o	r Qualifed			
2. Principal Place of Business 2a. Mailing A	ddress	•		- 1	l Number			1	pplied For
21				59	} 33994 87				lot Applicable
Suite, Apt. #, etc. Suite, Apt	t. #, etc.			5. Ce	ertifcate of Status	Desired		·	Additional Reguired
22	neto.					Ciacasino			
City & State City & State 28	ate				ection Campaign F ust Fund Contribu			•	May Be I to Fees
Zip Country Zip	Co	ountry		_	is corporation ow		ent year Int	tangible	
24 25 29	30	-		I .	rsonal Property T		•	☐ Yes	No
9. Name and Address of Current Registered Age		T		10. Na	me and Address	s of New	Registered	Agent	
		81	Name						
ADLER, NANCI J		82	Street Add	dress (P.O.	Box Number is N	lot Accept	able)		
381 WEST TROTTERS DRIVE		"	Oli Col Mad	21000 (1.50.	20,710,1,20,1,20,1,20,1,20,1,20,1,20,1,2		/		
MAITLAND FL 32751		83							
,									
		84	City				F 1	85 Ziq	Code .
		1 1	•				FL	• ˈ	ļ
Pursuant to the provisions of Sections 607.0502 and 607.1508, F office or registered agent, or both, in the State of Florida. Such clagent. I am familiar with, and accept the obligations of, Section 6		above	-named corp	poration su	ubmits this statem I of directors. I he	ent for the reby acce	nurnose of	changing i	ts reaistered
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CITY-ST-ZIP 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND THE OR PRINTED NAME OF SIGNING OF

Nanci J. Adler

Change

☐ Addition