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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 06 1998 8:00am Secretary of State

DOCUMENT # P96000079662 1. Corporation Name

FORMALITIES, INC.

Principal Place of Business 120 E. Comstock Ave. Winter Park, FL 32789

2. Principal Place of Business

2875 S. Orange Ave. Suite 500-1300 Orlando, FL 32806

2a. Mailing Address

DO NOT WRITE IN THIS SPACE

Applied For

 Date incorporated or Qualified 09/23/1996

4. FEI Number

| 21 SAME | SAME AS ABOVE | | 120 E. Comstock Ave. | | | 59-3402154 | Not Applicable | |
|---|--|-----------------------|----------------------|------------------------|--|--|--------------------------------|--|
| Suite, Apt | | Suite, Apl. | | | | 5. Certificate of Status Desired | \$8.75 Additional | |
| 22 | | 27 | | | | a, Certificate Of Statos Desired | Fee Required | |
| City & State | 8 | City & State | • | | | 6. Election Campaign Financing | \$5.00 May Be | |
| 23 | | | Park. | FL | | Trust Fund Contribution | Added to Fees | |
| Zip | Country | Zip | | Country | | 8. This corporation owes or has pa | id the current year Intangible | |
| 24 | 25 | 29 32789 | 30 | oU | SA | Personal Property Tax due June | | |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent | | | | | | | | |
| 81 Name | | | | | | | | |
| B&C CORPORATE SERVICES OF CENTRAL FLORIDA, IN | | | | | NC 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| 390 N. Orange Avenue, Suite 1100 | | | | | | | , | |
| Orlando, Florida 32801 | | | | | | | | |
| | | | | - | 0: | | | |
| | | | | 84 | City | | FL 85 Zip Code | |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered | | | | | | | | |
| office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. | | | | | | | | |
| | | | | | | | | |
| SIGNATURE _ | Signature typed of printed name of registered agen | Land Life Canalicable | (NOTE O | eneleron Aan | nt signature required | (uthon re-celebra) | DATE | |
| 12. | OFFICERS AND | | INOIE | 13. | it signature required | ADDITIONS/CHANGES TO OFFIC | | |
| TITLE | n | | DELETE | 11 TITLE | l D | P/S/T | Change Addition | |
| NAME | • | | | 1 2 NAME | | | | |
| · · · | CORR, JEAN | | | 1 3 STREET | | ORR, JEAN | | |
| STREET ADORESS | 1820 Kalurna Court | ; | | | т - | 820 Kalurna Court | | |
| CITY - ST - ZIP | Orlando, FL 32806 | | DELETE | 14 CITY+ST 21 TITLE | -Z P Q | rlando, FL 32806 | Change Addition | |
| TITLE | | ш. | JELCIL | 1 | ł | | Change C Addition | |
| NAME | | | | 2.2 NAME | | | | |
| STREET ADDRESS | | | | 23 STREET | ľ | | ł | |
| CITY-ST-ZIP | | | | 2.4 CITY-S | r-ZIP | | | |
| TITLE | | L ! | DELETE | 3 1 TITLE | | | ☐ Change ☐ Addition | |
| NAME | | | | 32 NAME | | | | |
| STREET ADDRESS | | | | 33 STREET A | DORESS | | [| |
| CITY-ST-ZIP | | | | 3 4 CITY - S | - <u>2</u> iP | <u> </u> | | |
| TITLE | | | ELETE | 4 1 TITLE | 1 | | Change Addition | |
| NAME | | | | 4. 2 NAME | 1 | | [| |
| STREET ADDRESS | | | | 43 STREET A | ADDRESS | | İ | |
| CITY-ST-ZIP | | | | 44 CITY-ST | - ZIP | | | |
| TITLE | | □ D | ELETE | 5 1 TITLE | | | ☐ Change ☐ Addition | |
| NAME | | | | 5.2 NAME | j | | 6 | |
| STREET ADDRESS | | | | 53 STREET A | DDRESS | | Soula | |
| CITY - ST - ZIP | | | | 5.4 CITY - ST | . ZIP | | - 6 - 3/4 | |
| TITLE | | | ELETÉ | 61 TITLE | | | Change Addition | |
| NAME | | | | 6 2 NAME | | oggogga | tadau | |
| STREET ADDRESS | | | 1 | 6.3 STREET A | DORESS | 00000244 -03/06/98010 | 11U17 | |
| CITY - ST - ZIP | | | | 64 CITY-ST | | ***150.00 | | |
| 14. I hereby ce | ertify that the information supplied with | | | e exempti | on stated in Se | | | |
| | | | | | | shall have the same legal effect as if i | | |

4. 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath, 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.

SIGNATURE:

SARATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-98

(407) 645-0093

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