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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000087034**1. Corporation Name

COLONIAL CENTER INC.

FILED Feb 04, 1999 8:00am Secretary of State

02-04-1999 90003 019 ***150.00

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Principal Place	e of Business	Mailing Address			- I SERICEDOL SIO LEVIO ENTIL RULLI DENLI ADDIS DI	iloi (Biil iBell Belon	11111 6101 1001	
13554 TEXAS WOOD CIRCLE 13554 TEXAS WOOD CIRCLE			F					
ORLANDO FL 32824 ORLANDO FL 32824			_					
					DO NOT, WRITE IN TH	IIS SPACE		1
				•	3. Date Incorporated or Qualifed 10/16/1996			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	I App	plied For	ł
21		26			59-3432498		t Applicable	1
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 A		,
22		27			5. Certifcate of Status Desired	Fee Re	quired	
	B	City.& State			- 6Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added to	o Fees	
Zip	Country	Zip	Count	y	8. This corporation owes the current year	Intangible	_	
24	25	29	30	•	Personal Property Tax.	☐ Yes	□No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Register	ed Agent		ļ
014	OU DINIU	•	8	1 Name				
QUACH, DINH 13554 TEXAS WOOD CIRCLE		8	2 Street Addr	Address (P.O. Box Number is Not Acceptable)				
	ANDO FL 32824		8	3	16.12 - 1.13 15.33 17.17		1 1 1 1 1 1 1 1	
0112							this differ	
			8	4 City		85 Zip C	Code	
44 Discussor	to the provisions of Sections 607 0502	and 607 1508. Florida Statute	s the abo	ve-named com	oration submits this statement for the nurnose	of changing its	registered	ł
office or r	egistered agent, or both, in the State of	f Florida. Such change was aut	thorized b	v the corporation	on's board of directors. I hereby accept the ap	pointment as req	gistered	
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flore	da Statute	es.	•			
SIGNATURE								1
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE, F	Registered Ag	ent signature requires	d when reinstating) DATE			_
12.	Signature, typed or printed name of registered agent a OFFICERS AND		Registered Ag	ent signature required	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	á
12.						AND DIRECTO	RS IN 12	(41/08)
	OFFICERS AND	DIRECTORS	13.					24 (44/08)
TITLE	D QUACH, DINH	DIRECTORS	13. 1.1 TITLE 1.2 NAME					E034 (41/08)
TITLE NAME	OFFICERS AND D QUACH, DINH 13554 TEXAS WOOD CIRCLE	DIRECTORS	13. 1.1 TITLE 1.2 NAME	ET ADDRESS				D2E034 (41/08)
TITLE NAME STREET ADDRESS	D QUACH, DINH	DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STRE	ET ADDRESS ST-ZIP				CD2E034 (41/08)
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/99

407-894-7203 Daytimd Phone #