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**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90151 022 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P96000103346**

1. Corporation Name  
**8801 INTERNATIONAL DRIVE, INC.**

Principal Place of Business  
**14499 N DALE MABRY HWY.  
 SUITE 159  
 TAMPA FL 33618**

Mailing Address  
**3959 VAN DYKE RD.  
 #392  
 LUTZ FL 33549**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/24/1996**

4. FEI Number **59-3493835** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 **8801 INTERNATIONAL DR**

2a. Mailing Address  
 26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.  
 23 **Orlando, FL**

27 Suite, Apt. #, etc.  
 28 City & State

24 **32819** 25 Country

29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JACOBSON, RICHARD A  
 501 E KENNEDY BLVD.  
 SUITE 1700  
 TAMPA FL 33602

81 Name **MANUEL A. DURAND**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**3927 YELLOW FINCH LN.**  
 83  
 84 City **LUTZ** FL 85 Zip Code **33549**

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

*Manuel A. Durand*

January 1, 1999

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**  DELETE  
 NAME **HELLER, RONALD A**  
 STREET ADDRESS **3959 EAST KENNEDY STREET., #392**  
 CITY-ST-ZIP **LUTZ FL 33549**

1.1 TITLE **President - Secretary**  Change  Addition  
 1.2 NAME **MANUEL A. DURAND**  
 1.3 STREET ADDRESS **3927 Yellow Finch Ln.**  
 1.4 CITY-ST-ZIP **LUTZ, FL 33549**

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 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 in an attachment with an address, with all other like empowered.

SIGNATURE: *Manuel A. Durand*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**MANUEL A. DURAND**

January 1, 1999 (813) 908-0394  
 Date Daytime Phone #

CR2E034 (11/98)