Apr 07, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

| Corporation | Name | # P970000 EPTS OF ORLANDO | | | | | | | | | | | | | | |
|---|------------------|--|-----------------|--|--------------|---------------|--------|-------------------|--|---|---|---------------|--------------|-----------|-------------|-----|
| Principal Place | of Business | · · · · · · · · · · · · · · · · · · · | Mailing Address | | | | | | \$ INCITABLIT | . 18 (11 (88 1) 58 1) | | 12 MAISM 5041 | 18 11116 111 | | | |
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| | | | | | | | | | - | ate Incompora 1/30/1997 | ated or Qualife | ed | | | | |
| 2. Principal Place of Business | | | | 2a. Mailing Address | | | | | | El Number | | Applied For | | | | |
| 21 | | | | 26 | | | | | 5 | 9-342 <u>15</u> 80 |) | | | | Applicable | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | | 5. Certificate of Status Desired | | | | | | | |
| 22 City & State | - | | × ==== | City & St | ate | | | | 6. E | lection Camp | aign Financin | 10 | <u>\$</u> : | 5.00 N | lay Be | }÷ |
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| | 9. Name | and Address of Current | Regi | stered Age | nt | | 81 | N | 10. N | lame and Ad | Idress of Nev | w Registers | a Agent | | | ł |
| Lyon Bergholtz, & Kirwin P 390 n Orange Avenue, Ste 2180 | | | | | | | 82 | Name Street Ad | Idress (P.O. Box Number is Not Acceptable) | | | | | | | |
| ORLANDO FL 32801 | | | | | | | | | | - | | | | | | |
| | | | | | | | 84 | City | | | | F | 85 | Zip Co | ode | 1 |
| | | ions of Sections 607.0502 | 2 and 6 | 207 1500 | locida State | toe the n | boye | a named co | ornoration s | zuhmite this s | tatement for t | he numose | of chang | ina its r | egistered | 1 |
| _£E | rainsonad aar | ent, or Sections 607,0502 ent, or both, in the State of th, and accept the obligat | AI Elan | ida Such el | ZEW ANDE | alithorizer | 1 DV | the combon | ation's boar | rd of directors | s. I hereby ac | cept the app | oointment | as regi | stered | |
| SIGNATURE | | or printed name of registered agen | t and title | if applicable | /NOT | E. Danieterad | Agen | nt signature requ | uired when rein | estating) | | DATE | | | | ١. |
| 12. | Signature, typeo | OFFICERS AN | | | (140) | 13. | - Agoi | it aignaturo roqu | | | ANGES TO | 2.02 | AND DIR | ECTOR | R\$ IN 12 | |
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| STREET ADDRESS | | | | | | 5.3 8 | TREET | T ADDRESS | | | | | | | | |

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 changes, or on an attachment with an address, with all other like empowered. 1. Bis Hop Bres.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ Change

Addition