FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90098 043 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # DOZOGO 10/79

1. Corporation	PARTNERS, INC.	019476					. 4						
Principal Place	e of Business	Mailing Address					LIUBHU			I MASEL ISANA	J181 WIWIR 18	1847 1911 (88)	
1300 E MICHIGAN ST ORLANDO FL 32806 US		1300 E MICHIGANB ST ORLANDO FL 32806 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 02/25/1997							
												V. 15	
	lace of Business	2a. Mailing Address					El Numbe 59-3458					Applicable	
21 Suite Ant	#, etc	26 Suite, Apt. #, etc.) 3 3430 1	330		4	8.75 A		
	#, etc	27			-	5. 0	Certificate o	of Status Des	sired	•	Fee Rec		
22 City & State	А	City & State				6 F	lection Ca		uncina	9	5 00 .	Aav Re	
23 28							6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees						
Zip	Country	Zip	Cour	ntry				_	he current ye	ear Intangit	le		
24	25	29 30	0				•	roperty Tax.	•	ים		□No	
	9. Name and Address of Curren	<u> </u>	1			10. (Name and	Address of	New Regist	tered Ager	nt		
				81	Name								
LAYLAND, LENNY L					Street Ad	ddress (P.0). Box Nu	mber is Not	Acceptable)				
1300 E MICHIGAN ST				82	0.0007.10		J. 50% 114.	_					
ORL	ANDO FL 32806			83									
			-	84	City					8:	Zip C	ode	
	_			- 1	-					FL		j	
11. Pursuant office or n agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	2 and 607.1508, Florida Statutes, of Florida. Such change was auth tions of, Section 607.0505, Florid.	, the ab horized la Statu	by thes.	-named coo he corpora	orporation : ation's boa	submits the	is statement tors. I hereb	for the purpo y accept the	appointme	ging its r nt as reg	egistered istered	
31014710172	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Re	-	Agent	signature requi					ATE			
12.		ID DIRECTORS	13.					/CHANGES	TO OFFICE		Change	Addition	
TITLE	D	☐ DELETE	1.1 TITI		//	6 STI	۱ . د	1 0000	, L	/=	Change	☐ Audition	
NAME	LAYLAND, LENNEY L		1.2 NA			-ay 10	ınd,	mich	isan	57.			
STREET ADDRESS				REET /	ADDRESS		•	,,,,,,,	328	'X J.			
CITY-ST-ZIP				Y- ST-	ZiP (Orla	ndi	<u>, r-l</u>	<u> 5 2- 8</u>		Character	CT Addition	
TITLE		☐ DELETE	2.1 TITI							U	Change .	Addition	
NAME			2.2 NA										
STREET ADDRESS			1		ADDRESS		- · -					·* .	
CITY-ST-ZIP		D BELETE.	2.4 CI		-ZIP						Change	Addition	
TITLE		☐ DELETE	3.1 1111							U	Dilange	[] Addition	
NAME	• •		3.2 NA										
STREET ADDRESS					ADDRESS								
CITY-ST-ZIP			3.4. CIT		-ZIP			_			Change	Addition	
TITLE		☐ DELETE	4.1 TITI							ט	ononge		
NAME			4, 2 NA										
STREET ADDRESS					ADDRESS								
CITY-ST-ZIP		□ DELETE	4.4 CIT		ZIP					П	Change	Addition	
TITLE		L. DELETE	5.1 TIT							П	- milde		
NAME					ADDESS								
STREET ADDRESS			1		ADDRESS								
CITY-ST-ZIP			5.4 CIT 6.1 TITI		-215					٣٦_	Change	Addition	
TITLE		I I VELETE	w										

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not quality 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 ap attachment with an endpress, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS