#### 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 # P97000025971

1. Corporation Name

### **FILED**

# Jan 25, 1999 8:00am **Secretary of State**

01-25-1999 90010 025 \*\*\*150.00

| D                                                                                                                                                                                                                                                                                                              | LE COUNTY FAIR, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Afailine Address                                                                                  |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                                                  |                                          |                                                    |                    |
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| Principal Plac                                                                                                                                                                                                                                                                                                 | • •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Mailing Address                                                                                   |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           | • .                                                                              | •                                        |                                                    |                    |
| 7120 LAKE ELLENOR DRIVE POST OFFICE BOX 55<br>ORLANDO FL 32809 ORLANDO FL 32802                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                   |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           | ·,                                                                               | • .                                      |                                                    |                    |
| ONDAINDO PE 32005                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                   |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           | DO NOT WRITE IN THIS SPACE                                                       |                                          |                                                    |                    |
|                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                   |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           | <ol> <li>Date Incorporated or Qualified<br/>03/21/1997</li> </ol>                | 4                                        | ,                                                  |                    |
| 2. Principal P                                                                                                                                                                                                                                                                                                 | lace of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2a. Mailing Address                                                                               |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | .,                        | 4. FEI Number                                                                    |                                          | Applied For                                        | 15                 |
| 21                                                                                                                                                                                                                                                                                                             | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 26                                                                                                |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           | 59-3448747                                                                       |                                          | Not Applicable                                     | 1                  |
| Suite, Apt.                                                                                                                                                                                                                                                                                                    | #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Suite, Apt. #, etc.                                                                               |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           | 5. Certifcate of Status Desired                                                  | ¥ - · ·                                  | 5 Additional<br>Required                           |                    |
| City & Stat                                                                                                                                                                                                                                                                                                    | e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | City & State                                                                                      |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           | 6. Election Campaign Financing                                                   | \$5.0                                    | <b>0</b> May Be                                    |                    |
| 23                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 28                                                                                                |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           | Trust Fund Contribution                                                          |                                          | ed to Fees                                         |                    |
| Zip                                                                                                                                                                                                                                                                                                            | Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Zip                                                                                               |                                                                                                                                                        | untry                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           | 8. This corporation owes the current                                             | · · · <u>-</u>                           |                                                    | ĺ                  |
| 24                                                                                                                                                                                                                                                                                                             | 25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 29                                                                                                | 30                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           | Personal Property Tax.                                                           | ☐ Yes                                    | □No                                                |                    |
|                                                                                                                                                                                                                                                                                                                | 9. Name and Address of Current                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Registered Agent                                                                                  |                                                                                                                                                        | <br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                           | 10, Name and Address of New Re                                                   | gistered Agent                           |                                                    | ĺ                  |
| REN                                                                                                                                                                                                                                                                                                            | ITEZ, AGUSTIN J                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                   |                                                                                                                                                        | 81 Na                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | me                        |                                                                                  |                                          |                                                    | ĺ                  |
| SS 7.7120                                                                                                                                                                                                                                                                                                      | LAKE ELLENOR DRIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                   |                                                                                                                                                        | 82 Str                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | eet Addre                 | ess (P.O. Box Number is Not Acceptable                                           | le)                                      |                                                    | ĺ                  |
|                                                                                                                                                                                                                                                                                                                | ANDO FL 32809                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                   |                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           | 3.445.45.45.45.45.45.45.45.45.45.45.45.45                                        | <u> </u>                                 | e Calendaria                                       |                    |
| 0110                                                                                                                                                                                                                                                                                                           | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                   |                                                                                                                                                        | 83                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           |                                                                                  |                                          |                                                    | ĺ                  |
|                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                   |                                                                                                                                                        | 84 Cit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | y                         |                                                                                  | 85 Z                                     | ip Code                                            | 1                  |
|                                                                                                                                                                                                                                                                                                                | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                   |                                                                                                                                                        | 1 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                                                                                  | rl!                                      |                                                    | 1                  |
| 20 10 2 2 3 -4 1                                                                                                                                                                                                                                                                                               | 1. 1. 5.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                   |                                                                                                                                                        | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |                                                                                  |                                          | 74 1 - 4 4                                         |                    |
| 11. Pursuant                                                                                                                                                                                                                                                                                                   | to the provisions of Sections 607.0502                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2 and 607.1508, Florida Statu                                                                     | tes, the a                                                                                                                                             | above-nar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ned corpor                | oration submits this statement for the property of directors, I hereby accept    | urpose of changing the appointment as    | its registered<br>registered                       |                    |
| .11. Pursuant<br>office or r<br>agent. I a                                                                                                                                                                                                                                                                     | to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligations.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2 and 607.1508, Florida Statu<br>of Florida. Such change was a<br>ions of, Section 607.0505, Flo  | tes, the a<br>authorize<br>orida Sta                                                                                                                   | above-nand<br>d by the d<br>tutes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ned corpor<br>corporation | oration submits this statement for the pin's board of directors. I hereby accept | urpose of changing<br>the appointment as | its registered<br>registered                       |                    |
| 11. Pursuant<br>office or r<br>agent. I a                                                                                                                                                                                                                                                                      | m familiar with, and accept the obligati                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ions of, Section 607.0505, Fit                                                                    | onda Sta                                                                                                                                               | tutes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           |                                                                                  |                                          | its registered<br>registered                       |                    |
| agent. I a                                                                                                                                                                                                                                                                                                     | m familiar with, and accept the obligation of the control of the c | and title if applicable. (NOT)                                                                    | лда Sta                                                                                                                                                | tutes.<br>d Agent signa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           | when reinstating)                                                                | DATE                                     | ·                                                  | . (60              |
| agent. I a<br>SIGNATURE<br>12.                                                                                                                                                                                                                                                                                 | m familiar with, and accept the obligation of th | and title if applicable. (NOTE)  DIRECTORS                                                        | Registere                                                                                                                                              | tutes.<br>d Agent signa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           |                                                                                  | DATE CERS AND DIREC                      | TORS IN 12                                         | 14,00)             |
| agent. I a SIGNATURE  12.  IIILE                                                                                                                                                                                                                                                                               | m familiar with, and accept the obligation of signature, typed or printed name of registered agent OFFICERS AND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | and title if applicable. (NOT)                                                                    | Registere                                                                                                                                              | d Agent signa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                           | when reinstating)                                                                | DATE                                     | TORS IN 12                                         | (44/08)            |
| agent. I a SIGNATURE  12.  TITLE NAME                                                                                                                                                                                                                                                                          | Signature, typed or printed name of registered agent OFFICERS AND DP STRATES, E. JAY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | and title if applicable. (NOTE)  DIRECTORS                                                        | :: Registere<br>13.<br>1.1 T                                                                                                                           | tutes.<br>d Agent signa<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ature required            | when reinstating)                                                                | DATE CERS AND DIREC                      | TORS IN 12                                         | (024 (44/08)       |
| agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS                                                                                                                                                                                                                                                            | Signature, typod or printed name of registered agent OFFICERS AND DP STRATES, E. JAY 7120 LAKE ELLENOR DRIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | and title if applicable. (NOTE)  DIRECTORS                                                        | 13. 1.1 T 1.2 N 1.3 S                                                                                                                                  | d Agent signa ITLE IAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ature required            | when reinstating)                                                                | DATE CERS AND DIREC                      | TORS IN 12                                         | 25024 (44,000)     |
| agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                | Signature, typed or printed name of registered agent OFFICERS AND DP STRATES, E. JAY 7120 LAKE ELLENOR DRIVE ORLANDO FL 32809                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | and title if applicable. (NOTI)  D DIRECTORS  DELETE                                              | : Registere 13. 1.1 T 1.2 N 1.3 S                                                                                                                      | d Agent signa  TILE IAME TREET ADDR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ature required            | when reinstating)                                                                | DATE  CERS AND DIRECT  Change            | TORS IN 12<br>ge Addition                          | CB2E034 (44/08)    |
| agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE                                                                                                                                                                                                                                          | Signature, typed or printed name of registered agent OFFICERS AND DP STRATES, E. JAY 7120 LAKE ELLENOR DRIVE ORLANDO FL 32809 DAS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | and title if applicable. (NOTE)  DIRECTORS                                                        | 13.<br>1.1 T<br>1.2 N<br>1.3 S<br>1.4 C<br>2.1 T                                                                                                       | d Agent signa ITLE IAME ITREET ADDR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ature required            | when reinstating)                                                                | DATE CERS AND DIREC                      | TORS IN 12<br>ge Addition                          | CD2E024 (44/08)    |
| agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME                                                                                                                                                                                                                                     | Signature, typed or printed name of registered agent OFFICERS AND DP STRATES, E. JAY 7120 LAKE ELLENOR DRIVE ORLANDO FL 32809 DAS MAGIS, SUSAN STRATES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | and title if applicable. (NOTI)  D DIRECTORS  DELETE                                              | 13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N                                                                                                                | d Agent signa ITLE IAME STREET ADDR STY-ST-ZIP TITLE IAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ature required v          | when reinstating)                                                                | DATE  CERS AND DIRECT  Change            | TORS IN 12<br>ge Addition                          | OB25034 (44,09)    |
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| agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP            | Signature, typed or printed name of registered agent OFFICERS AND OFFICERS AND PRIVE ORLANDO FL 32809  DAS MAGIS, SUSAN STRATES 7120 LAKE ELLENOR DRIVE ORLANDO FL 32809  DAS DOREMUS, SIBYL STRATES 7120 LAKE ELLENOR DRIVE ORLANDO FL 32809  DAS DOREMUS, SIBYL STRATES 7120 LAKE ELLENOR DRIVE ORLANDO FL 32809  S BENITEZ, AGUSTIN J. 7120 LAKE ELLENOR DRIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Ons of, Section 607.0505, Fig. and title if applicable. (NOTE) DELETE DELETE DELETE DELETE DELETE | 13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 4.2 P 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S 6.1 T                                                    | d Agent signa  ITLE  IAME  ITTREET ADDR  ITTLE  IAME  ITTREET ADDR  ITTR | RESS RESS                 | when reinstating)                                                                | DATE CERS AND DIREC Chang                | TORS IN 12  ge Addition  ge Addition  ge Addition  | (00) (14) (00)     |
| agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE      | Signature, typed or printed name of registered agent OFFICERS AND OFFICERS AND PRIVE ORLANDO FL 32809  DAS MAGIS, SUSAN STRATES 7120 LAKE ELLENOR DRIVE ORLANDO FL 32809  DAS DOREMUS, SIBYL STRATES 7120 LAKE ELLENOR DRIVE ORLANDO FL 32809  DAS DOREMUS, SIBYL STRATES 7120 LAKE ELLENOR DRIVE ORLANDO FL 32809  S BENITEZ, AGUSTIN J. 7120 LAKE ELLENOR DRIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Ons of, Section 607.0505, Fig. and title if applicable. (NOTE) DELETE DELETE DELETE DELETE DELETE | ### Registere  13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 ( 3.1 T 3.2 N 3.3 S 3.4 ( 4.1 T 4.2 P 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S 5.4 C 6.1 T 6.2 N | d Agent signa  ITILE  IAME  ITTREET ADDR  IT | RESS RESS                 | when reinstating)                                                                | DATE CERS AND DIREC Chang                | TORS IN 12  ge Addition  ge Addition  ge Addition  | VDDED37 (14)00)    |
| AGENT I A SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | Signature, typed or printed name of registered agent OFFICERS AND OFFICERS AND PRIVE ORLANDO FL 32809  DAS MAGIS, SUSAN STRATES 7120 LAKE ELLENOR DRIVE ORLANDO FL 32809  DAS DOREMUS, SIBYL STRATES 7120 LAKE ELLENOR DRIVE ORLANDO FL 32809  DAS DOREMUS, SIBYL STRATES 7120 LAKE ELLENOR DRIVE ORLANDO FL 32809  S BENITEZ, AGUSTIN J. 7120 LAKE ELLENOR DRIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Ons of, Section 607.0505, Fig. and title if applicable. (NOTE) DELETE DELETE DELETE DELETE DELETE | ### Registere  13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 ( 3.1 T 3.2 N 3.3 S 4.4 C 5.1 T 5.2 N 5.3 S 5.4 C 6.1 T 6.2 N 6.3 S                   | d Agent signa  ITLE  IAME  ITTREET ADDR  ITTLE  IAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | RESS RESS                 | when reinstating)                                                                | DATE CERS AND DIREC Chang                | TORS IN 12  ge Addition  ge Addition  ge Addition  | 100 (14) V60 D0 CO |

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 suppliemental 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: