## 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 FILED Feb 19, 1999 8:00 am Secretary of State 02-19-1999 90062 004 \*\*\*150.00

	UMENT # P970 TIGE GUNITE OF ORLAND				1414 <b>23168</b> 319 <b>8</b> 0 žv <b>e</b> vo vo	<b>#</b> 1 <b>#</b> 1/ <b>#</b> 1# #1/1 1##
Principal Pl	lace of Business	Mailing Address			ii) <b>ei</b> ita iia iila ii	
3303 WEST 37TH STREET 7228-C WESTPORT PLAC ORLANDO FL 32839 WEST PALM BEACH FL		CE 33413		iiir aning stift iffil ()	ain 11919 Aift 188	
US				DO NOT WRITE IN	N THIS SPACE	
				3. Date Incorporated or Qualifed	TINIS SPACE	
2 Principal	Place of Business		<u> </u>	04/04/1997		
21	i lace of business	2a. Mailing Address		4. FEI Number		Applied For
Suite, Ap	ot # etc	26		<u>59-</u> 3397434	<del></del>	ot Applicable
22		Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional
City & St	ate	City & State	<del></del>	5. Octavole of Status Desired		Required
23		28		6. Election Campaign Financing	\$5.00	May Be
Zip	Country	Zip	Country	Trust Fund Contribution	Added	to Fees
24	25	29	Country	8. This corporation owes the current ye	ear Intangible	
	9. Name and Address of Cu	rrent Registered Agent	30	Personal Property Tax.	Yes	□No
	HONEY, BRIAN A		81 Name	10. Name and Address of New Regist	tered Agent	
7228-C WESTPORT PLACE WEST PALM BEACH FL 33413		83 84 City	dress (P.O. Box Number is Not Acceptable)		· 	
agont. 1 c	and accept the ob	0502 and 607.1508, Florida Statut ate of Florida. Such change was a ligations of, Section 607.0505, Flo	es, the above-named cor	rporation submits this statement for the purpo tion's board of directors. I hereby accept the a		Code registered gistered
SIGNATURE	Signature, typed or printed name of registered OFFICERS	ligations of, Section 607.0505, Flo	es, the above-named couthorized by the corporarida Statutes.  Registered Agent signature requires	red when reinstating)  DA1	se of changing its appointment as re	registered egistered
SIGNATURE  12.	Signature, typed or printed name of registered OFFICERS	agent and title if applicable. (NOTE:	es, the above-named cou uthorized by the corpora rida Statutes.	terre sound or directors. Thereby accept the a	se of changing its appointment as re	registered gistered
SIGNATURE  12.  ITLE  AME	Signature, typed or printed name of registered OFFICERS PD MAHONEY, BRIAN A	agent and title if applicable. (NOTE: AND DIRECTORS	es, the above-named couthorized by the corporarida Statutes.  Registered Agent signature requirements.	red when reinstating)  DA1	se of changing its appointment as re	registered egistered
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SIGNATURE  2. TLE  AME  TREET ADDRESS TY-ST-ZIP	Signature, typed or printed name of registered OFFICERS PD MAHONEY, BRIAN A 7228-C WESTPORT PLACE WEST PALM BEACH FL 334	agent and title if applicable. (NOTE: AND DIRECTORS	es, the above-named couthorized by the corporarida Statutes.  Registered Agent signature requirements of the corporarida Statutes.  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS	red when reinstating)  DA1	se of changing its appointment as re	registered egistered
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SIGNATURE  2.  TITLE  AME  TREET ADDRESS  TY-ST-ZIP  TLE	Signature, typed or printed name of registered OFFICERS PD MAHONEY, BRIAN A 7228-C WESTPORT PLACE WEST PALM BEACH FL 334 ST CORNELIUS, PATTI-LEE	agent and title if applicable. (NOTE:  AND DIRECTORS  DELETE	es, the above-named courthorized by the corporarida Statutes.  Registered Agent signature requirements of the corporarida Statutes.  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP	red when reinstating)  DA1	se of changing its appointment as re	e registered registered  DRS IN 12
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on is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an an address, with all other like empowered.

1 Interior certify that the information of t