**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # PO7000033245

1. Corporation Name COLLEGE PARK LEGAL BUILDING, INC.								
Principal Place of Business Mailing Address					1 (44)(24) 1:00 (30)) (30)( 40)( 54)(1) 20)( 00)(43) (1)(00 1)(1)			
2507 EDGEWATER DRIVE ORLANDO FL 32804	2507 EDGEWATER I ORLANDO FL 32804				DO NOT WRITE IN THIS SPACE			
				_	3. Date Incorporated or Qualifed 04/11/1997			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number			
21	26			_	59-3445164			
Suite, Apt. #, etc.	Suite, Apt. #, e	etc.			5. Certificate of Status Desired   \$8.			
City & State	City & State	City & State			6 Election Campaign Financing — \$5			
23	28				Trust Fund Contribution Ac			
Zip Country	Zip	Count	ry	8. This corporation owes the current year Intangible Personal Property Tax.				
24)   25	29 30				10. Name and Address of New Registered Agent			
Name and Address of Current Registered Agent			11	Name	tu. Name and Address of New Registered Agent			
CHAMBERS, GENE T 2507 EDGEWATER DRIVE		8	2	Street Addre	dress (P.O. Box Number is Not Acceptable)			
ORLANDO FL 32804		8	3					
		8	4	City	FL 85			
11. Pursuant to the provisions of Sections 60 office or registered agent, or both, in the sagent. I am familiar with, and accept the constant of the sagent.	State of Florida. Such change	e was authorized t	y t	he corporation	oration submits this statement for the purpose of chang n's board of directors. I hereby accept the appointment			

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90107 029 \*\*\*150.00



Applied For Not Applicable \$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

□No

				City			FL 85	Zip Co	ode	
office or re	to the provisions of Sections 607.0502 and 6 egistered agent, or both, in the State of Floring familiar with, and accept the obligations of	da. Such change was aut	thorized by	the corpor	orporation submits this s ation's board of directors	tatement for the purp . I hereby accept the	ose of changir appointment	g its re as regi	egistered stered	
SIGNATURE			14				ATE			
	Signature, typed or printed name of registered agent and title		<u> </u>	t signature req	uired when reinstating)			CTOB	C IN 12	
12.	OFFICERS AND DIRE		13.		ADDITIONS/CF	IANGES TO OFFICE	Cha		Addition	
TITLE (	D	☐ DELETE	1.1 TITLE					inge	☐ Addition	
NAME	CHAMBERS, GENE T		1.2 NAME							
STREET ADDRESS	2507 EDGEWATER DRIVE		1.3 STREET	ADDRESS						
CITY-ST-ZIP	ORLANDO FL 32804		1.4 CITY-S	r-ZIP						
TITLE	D	☐ DELETE	2.1 TITLE				☐ Cha	nge	Addition	
NAME	HELLER, RICHARD A		2.2 NAME					•	•	
STREET ADDRESS	2507 EDGEWATER DRIVE		2.3 STREET	ADDRESS						
CITY-ST-ZIP -	ORLANDO FL.32804		2. 4 CITY-S	T-ZIP						
TITLE	D .	☐ DELETE	3.1 TITLE				☐ Cha	ınge	☐ Addition	
NAME	MONROE, JAMES H		3.2 NAME	-						
STREET ADDRESS	2507 EDGEWATER DRIVE		3.3 STREET	ADDRESS						
CITY-ST-ZIP	ORLANDO FL 32804		3,4, CITY-S	T-ZIP				_	1	
TITLE		DELETE	4.1 TITLE	i i			☐ Cha	ange	☐ Addition	
NAME			4.2 NAME	1						
STREET ADDRESS			4.3 STREET	ADDRESS						
CITY-ST-ZIP	·		4.4 CITY-S	r-ZIP						
TITLE		☐ DELETE	5.1 TITLE		,		Cha	ange	☐ Addition	
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREET	ADDRESS						
CITY-ST-ZIP	l e e e e e e e e e e e e e e e e e e e	·	5.4 CITY-S	I-ZIP						
TITLE		☐ DELETE	6.1 TITLE				☐ Cha	ange	☐ Addition	
NAME			6.2 NAME	ĺ						
STREET ADDRESS			6.3 STREET	ADDRESS						
CITY-ST-ZIP			6.4 CITY-ST	I						
14. I hereby of	certify that the information supplied with this	filing does not qualify for t	the exempti	on stated i	in Section 119.07(3)(i), Flure shall have the same	lorida Statutes. I furt legal effect as if mad	her certify that de under oath:	the inf	ormation am an	

officer or director of the corporation or the responsibility and accurate and that my signature shall have the same logic effect as it made after a first of the corporation or the responsibility of the responsibility of the corporation or the responsibility of the responsi

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING