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

PROFIT **CORPORATION** ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000035726 (3)**

FILED Feb 11 1998 8:00am Secretary of State

I-I-P-I INC-) KOMINOTO TIR TOTTO HOUSE CONTRACTOR DATA DATA DATA MURICALITA HART KARIF KARIF	DIJI 1661
Principal Place of Business Mailing Address					\$10E (#B)
918 E CENTRAL BLVD 918 E CENTRAL BLVD ORLANDO FL 32801 ORLANDO FL 32801					
ONDINDO PE 32001	UNLANDO FL 32001			DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				04/21/1997	
2. Principal Place of Business 28, Mailing Address				4, FEI Number Appl	lied For
21	[26]			Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. Certificate of Status Desired \$8.75 Ad	
Crty & State	City & State			Fee Requ	
23	28			6. Election Campaign Financing \$5.00 M Trust Fund Contribution Added to	
Zip Country	Zip Country			Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible	
24 25	29 30		•	Personal Property Tax due June 30. Yes No	
9. Name and Address of Current		1		10. Name and Address of New Registered Agent	
WILLIAM N ASMA PA		81	Name		
886 S DILLARD ST WINTER GARDEN FL 34787		82	2 Street Addr	Address (P.O. Box Number is Not Acceptable)	
		83	3		
		84	City	■ 85 Zip Co	ode
				FL I	
11. Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Statut of Florida, Such change was a	es, the above	ve-named corp	oration submits this statement for the purpose of changing its rion's board of directors. I hereby accept the appointment as re	registered
agent. I am familiar with, and accept the obliga-	ions of, Section 607.0505, Flo	orida Statute	28.	and board of disable to 1700 by about the appointment as to	9,510,00
SIGNATURE _					
Stynature Typed or printed name of regions of agen 12. OF FICE HS AND		13.	gent eignature requir	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	-N 12 F
TITLE PD	DELETE	1.1 TITLE			Addition \$
NAME CHAUFFETON, ISABELLE		1,2 NAME		0.00.00	
STREET ADDRESS 918 E CENTRAL BLVD			T ADDRESS		8
CITY-ST-ZIP ORLANDO FL 32801			ST-ZIP		۶
TITLE VD	☐ DELETE	2.1 TITLE		☐ Change	Addition C
NAME PELIER, CHRISTIAN		2.2 NAME			
STREET ADDRESS 918 E CENTRAL BLVD		2.3 STREE			
CITY-S1-ZIP ORLANDO FL 32801		2. 4 CITY	- ST - ZIP		
TITLE STD	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME TROSCH, PASCALE		3.2 NAME			
STREET ADDRESS 918 E CENTRAL BLVD		3.3 STREET ADDRESS			
CITY-ST-ZIP ORLANDO FL 32801		3.4. CITY-ST-ZIP			
TITLE	☐ DELETE	4.1 TITLE		Change	☐ Addition
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP	DELETE	4.4 CITY - ST - ZIP			1 4 4 4 10 10 10
TITLE	□ vete it	5.1 TITLE		☐ Change	☐ Addition
NAME CONTROL ADDRESS		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP	DELETE	5 4 CITY - ST - ZIP		Change	Addition
TITLE	C Detter	6.1 TITLE		Change (RGOIIOII
NAME CTREET ACCORDED		6.2 NAME			
STREET ADDRESS CITY-ST-ZIP			T ADDRESS		
r with air/PC I		64 CITY-			l l

and accurate and that my signature shall have the same legal effect as if made under oath; that I am an gred to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

2/3/18