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 # **P97000038905**

1. Corporation Name

Principal Place	IIAL DR	Mailing Address 7319 ENGLISH MOSS LANE			
ORLANDO FL 32817 ORLANDO FL 32807				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed	
				05/01/1997	
a Dringing Di	and of Dunings	2a. Mailing Address		4. FEI Number	Applied For
	ace of Business			59-3435987	Not Applicable
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75 Additional
22				5. Certificate of Status Desired	Fee Required -
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23	•	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible
24	25	29 30	ī - T	Personal Property Tax.	∐ Yes □ No
	9. Name and Address of Curre		1	10. Name and Address of New Registere	d Agent
	SILVER STAR ROAD 73 ANDO FL 33500 ORC	19 Euglish Mrs. 14008, FC 32807	83 84 City		85 Zip Code
office or re agent. I as SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obligi Signature, typed or printed name of registered ag	ations of, Section 607.0505, Florida	orized by the corporate Statutes.		
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MIAVITZ, JIM		1.2 NAME		
STREET ADDRESS	7319 ENGLISH MOSS LN		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32807		1.4 CITY-ST-ZIP		
TITLE	VPS	☐ DELETÉ	2.1 TITLE		☐ Change ☐ Addition
NAME	ROLAND, JUDY		2.2 NAME	**	
STREET ADDRESS	7319 ENGLISH MOSS LN		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32807		2.4 CITY-ST-ZIP		
TITLE		- DELETE	3.1 TITLE		- Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		· l
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition \
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		

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 supplier at a natural 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 reported 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 one an appear with an address with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ DELETE

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

04-15-1999 90035 022 ***150.00

Daytime Phone #

Change

Addition