PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # PQ700003Q745

1. Corporati	on Name	0001 40				1			
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ORLANDO FL 32801 ORLANDO FL 32801						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
				_		05/05/1997			
2. Principal	Place of Business	2a. Mailing Addre	\$5		· -	4. FEI Number		piled For	
21		26				59-3445791		t Applicable	_
Suite, Apl	t. #, etc.	-Sulte, Apt. #, (etc.			5. Certificate of Status Desired	-\$8:75*/ Fee Re		
22		27							
City & Sta	ate	City & State				6. Election Campaign Financing	\$5.00 Added t		ĺ
23		28				Trust Fund Contribution		U F663	ł
Zip	Country	Zip		Country		This corporation owes the current yea Personal Property Tax.	r Intangible	XXNo	≻ •
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}	9. Name and Address of Current	Kedistalea Want		81	Name	10. Name and Address of the transfer			1
l co	RPORATE SUPPORT, INC.								ĺ
1	EAST ROBINSON STREET		82 Streat Add		ess (P.O. Box Number is Not Acceptable)			}	
	TE 500			83					
,	LANDO FL 32801			ادرا					
1	Carbo I E Sessi			84	City	,	85 Zip (Code	l
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11. Pursuan	it to the provisions of Sections 607 Obliz								
office or	registered agent, or both, in the State of	of Florida, Such chang	a siaidies, in e was author	ized by	the corporation	on's board of directors. I hereby accept the a	pointment as re	gistered	
office or agent. I	registered agent, or both, in the State of am familiar with, and accept the obligation	of Florida, Such chang tions of, Section 607.0	a Sialutes, un e was authori 505, Florida S	ized by t Statutes.	the corporation	oration submits this statement for the purposon's board of directors. I hereby accept the a	pointment as re	gistered	
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SIGNATURE	Signature, typed of printed name of registered agent	I and title if applicable.	(NOTE: Regis	negA bened		d when reinstaking) DAT			(98)
SIGNATURE	Signature, typed of printed name of registered agent OFFICERS AN	I and title if applicable.	(NOTE: Regis						(11/98)
SIGNATURE 12. TITLE	Signature, typed of printed name of registered agent OFFICERS ANI	and title if applicable. D DIRECTORS	(NOTE: Regis LETE 1	tered Agent 13. 1.1 TITLE		d when reinstaking) DAT	AND DIRECTO	RS IN 12	34 (11/98)
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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(3XI), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legel effect as if made under path; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507. 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF BIGHING OFFICER OR DIRECTOR

Apr 16, 1999 8:00 am Secretary of State 04-16-1999 90072 014 ***150.00