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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000044694

1. Corporation Name

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90149 002 ***150.00

Principal Place 1636 S. DELANI ORLANDO FL 3	EY AVE.	Mailing Address 1636 S. DELANEY AVE. ORLANDO FL 32806				DO NOT WRITE IN THIS	S SPACE		,
						 Date Incorporated or Qualifed 05/16/1997 			
2 Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	Ap	plied For	i
21		26				59 - 34547 <u>52</u>	No	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				. 5. Certifcate of Status Desired	\$8.75		
22		27					Fee Re		ľ
City & State	e .	City & State				6. Election Campaign Financing	\$5.00 Added 1	*	
23		28		ntn:		Trust Fund Contribution		o rees	
Zip	Country	Zip	Cou 30	nuy		This corporation owes the current year in Personal Property Tax.	Yes	□No	
24	9. Name and Address of Curre	29 Agent	30	1		10. Name and Address of New Registered			
	5. Name and Address of Curre	ant Neglistereo Agent		81 Nam	e				
GAU:	IGHAN, MICHAEL J.			45		(S.O. B., A) has in blad Assessable)]
	S S. DELANEY AVE			82 Stree	et Addre	ess (P.O. Box Number is Not Acceptable)			
ORL	ANDO FL 32806			83					Ì
i				84 City			85 Zip	Code	
				'		FI	_		
						ti - the this statement for the murroon	f changing ite	registered	1
11. Pursuant t	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	ites, the al	bove-name	d corpo	pration submits this statement for the purpose of	nintment as re	distered	! !
office or re	egistered agent, or both, in the State	e of Florida. Such change was :	autrorized	s by the co	ed corpo rporation	oration submits this statement for the purpose on's board of directors. I hereby accept the appo	ointment as re	gistered	-
office or re agent. I ar	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was :	autrorized	s by the co	ed corpo rporation	n's board of directors. Thereby accept the appoint	pintment as re	gistorou	-
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered ag	e of Florida. Such change was ations of, Section 607.0505, Fluent and title if applicable. (NOT	autnorized orida Stati	s by the co utes.	rporation	when reinstating) DATE	omanent as re	gistarou	186
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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 supplemental annual 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or the same legal effect as if made under oath; that I am an Block 12 or Block 13 if changes or the same legal effect as if made under oath; that I am an Block 12 or Block 13 if changes or the same legal effect as if made under oath; that I am an officer or director of the corporation of the corporation of the corporation of the same legal effect as if made under oath; that I am an officer or director of the corporation of the

SIGNATURE: