## 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 # P97000048492

1. Corporation Name

IHE IH	JSCAN CUMPANY		٠						
Principal Place	e of Business	Mailing Address						IORE INEIL ALAIN	1911Q (18) 100H
813 WINGO ST.		813 WINGO ST.				•	•		
ORLANDO FL 32803 ORLANDO FL 32803									
					•	DO NOT WRI	TE IN THIS	SPACE	<del></del>
						3. Date Incorporated or Qualifed			-
						05/30/1997		<del></del>	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			oplied For
21		26				59-2826481			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired			Additional equired
22	·	27					-		
City & Stat	e	City & State				6. Election Campaign Financing			May Be to Fees
23		Zíp	Count	hen r		Trust Fund Contribution			to rees
Zip	Country	_ <del> </del>		u <b>y</b>		8. This corporation owes the curr	ent year inta	ingibie ∐Yes	No
24	25		30			Personal Property Tax.  10. Name and Address of New I	Panistarad A		PINO
	9. Name and Address of Currer	it Kafistalan Waur		31 Na	me	10. Italie and Address of New I	tegistereu r	- Harri	
HIGO	GINBOTHAM, WILLIAM E	-	Ľ						
813	WINGO ST.		. 8	32 Str	eet Addre	ss (P.O. Box Number is Not Accepta	able)		
	ANDO FL 32803		-	33		1 2 1 1 2 1 2 1 2 1 2 1 1 2 1 1 1 2 1	1y	1 1 1 1	16 C 36 / 25C
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office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State im familiar with, and accept the obliga	of Florida: Such change was as	uthorized t	av the (	nea corpo corporatio	ration submits this statement for the n's board of directors. I hereby accep	purpose of o ot the appoin	tment as re	gistered
agent. 1 a	ım tamıllar with, and accept the obliga	ations of, Section 607.0505, Fiol	rida Statut	es.					
	im familiar with, and accept the obliga	ations of, Section 607.0505, Fiol	nda Statut	es.					·
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE:	: Registered Á		iture required	when reinstating) :	DATE		
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN	ont and title if applicable. (NOTE:	Registered Å	gent signa	ture required	when reinstating)			
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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(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 or 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 changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

**FILED** 

Feb 08, 1999 8:00am

**Secretary of State** 

02-08-1999 90041 023 \*\*\*150.00