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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**19**98

CITY-\$T-ZIP

P97000048876 (1)

MR INTERNATIONAL, OF CENTRAL FLORIDA INC.

Principal Place of Business Mailing Address  1325 OLYMPIA PARK  OCOCE FL 34761 1325 OLYMPIA PARK  OCOCE FL 34761 OCOCE FL 34761						
				DO NOT WRITE IN THIS SPACE		SPACE
					3. Date Incorporated or Qualified 05/30/1997	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-3/5/00/	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State	e	City & State			6. Election Campaign Financing	\$5.00 May Be
23	- <del></del>	28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Coun	try	8. This corporation owes or has paid the co	_ ' _ '
24	25 9. Name and Address of Cur	29 rent Registered Agent	[30]		Personal Property Tax due June 30.  10. Name and Address of New Registered	∐ Yes ∐ No
				31 Name		
	25 OLYMPIA PARK					
	OEE FL 34761		1	Street Add	dress (P.O. Box Number is Not Acceptable)	
00	OEG 1 C 04/01		1	33		
			[8	City	FI	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist						
office or registered agent, or both, in the State of Licrida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam facilities with, and accept the obligations of, Section 607.0505, Florida Statutes.						
'	X Mace	1 O A in a	i iona olalo	103.	3/2)	1511
SIGNATURE .	Signature, typed or period name of registered	agent and the Papplicable (N	OTE: Registered	Agent signature requ	ired when reinstating) DATE	<i>7</i>
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TALE	PD	☐ DELETE	1.1 TITL	E		☐ Change ☐ Addition
NAME	RINES, MARINA		1.2 NAM	1E		
STREET ADDRESS	1325 OLYMPIA PARK		1.3 STR	FET ADDRESS		
CITY-ST-ZIP	<b>O</b> COEE FL 34761			'- \$I - ZIP		
TITLE	VD	☐ DELETE	21 THIL	E		Change Addition
NAME	LOPEZ, ENRIQUE		2.2 NAM	lE		
STREET ADDRESS	1325 OLYMPIA PARK		2.3 STR	EET ADDRESS	· · · · · · · · · · · · · · · · · · ·	
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NAME			4. 2 NA			
STREET ADDRESS				FET ADDRESS		
CITY-\$T-ZIP		DELETE		-ST-ZIP		Change Addition
TITLE		FT percie	5.1 TITL			ET Altitude ET Agritique
NAME Atores Appropries			5.2 NAM			
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY 6.1 YITL	-ST-ZIP		Change Addition
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NAME OTDEET ADDRESS	:			EET ADDRESS		
STREET ADDRESS	l .		■ 0.3 STR	CLINDNUESS		I

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.

6.4 CITY-ST-ZIP

**FILED** 

May 27 1998 8:00am

Secretary of State

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