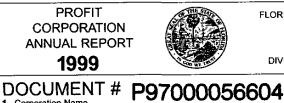
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

ORLANDO FL 32824

PROFIT CORPORATION ANNUAL REPORT

1999

ORLANDO FL 32824



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 05, 1999 8:00 am Secretary of State

FILED

05-05-1999 90175 018 ***158.75

| | |
|------|--|
| | |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

| STEPHEN GUSTIN & ASSOCIATES, INC. | | | |
|-----------------------------------|-----------------|--|--|
| Principal Place of Business | Mailing Address | | 1.500350: (10 1011) 10011 0011 00111 00113 00114 0115 0111 00111 00111 |
| 12516 GRECO DR. | 12516 GRECO DR. | | |

| | | | | | 06/26/1997 | | | |
|-----------------------------|---|---------------------------------------|-------------|---|--|------------------|-------------|--|
| 2. Principal P | lace of Business | 2a. Mailing Address | | — | 4. FEI Number | Арі | olied For | |
| 21 | | 26 | | | 59-3457595 | Not | Applicable | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | • | 5. Certifcate of Status Desired | ' \$8.75 A | | |
| 22 | | 27 | | | 3. Controllo di Gialas 200/100 | Fee Re | quired | |
| City & Stat | re | City & State | | | 6. Election Campaign Financing | \$5.00 | | |
| 23 | | 28 | | | Trust Fund Contribution | Added to | Fees | |
| Zip | Country | Zip | _ Country | | 8. This corporation owes the current year | | l | |
| 24 | 25 | | 10 | | Personal Property Tax. | | □No | |
| | 9. Name and Address of Current | Registered Agent | 81 | Nama | 10. Name and Address of New Register | ed Agent | | |
| CORPORATION SERVICE COMPANY | | | 01 | 81 Name | | | | |
| | | | 82 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| IZU I | NMAYS STREET Lânassee FL 32301-2525 | | <u> </u> | | | | | |
| TALI | ARASSEE FL SESUI-2325 | | 83 | | | | | |
| | . \ / / | | 84 | City | | . 85 Zip C | ode | |
| | | | | 1 | F | | | |
| office or r | to the provisions of Sections 607.0502 registered agent, or both, in the State of im familiar with, and accept the obligation | of Florida. Such change was aut | thorized by | the corpora | rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap | pointment as reg | gistered | |
| SIGNATURE | | | | | ired when reinstation) DATE | | <u>.</u> | |
| | Signature, typed or printed name of registered agent | · · · · · · · · · · · · · · · · · · · | | nt signature requi | ADDITIONS/CHANGES TO OFFICERS | AND DIRECTO | RS IN 12 | |
| 12. | OFFICERS AND | DIRECTORS [] DELETE | 13. | | ADDITIONS/CHANGES TO OFFICERS | Change | ☐ Addition | |
| TITLE | D OLIOTRI OTERUEN D | | | | | | | |
| NAME | GUSTIN, STEPHEN P | | 1.2 NAME | | • | | | |
| STREET ADDRESS | 12516 GRECO DR. | | | TADDRESS | | | | |
| CITY-ST-ZIP | ORLANDO FL 32824 | □ NELETE | 1.4 CITY-S | T-ZIP | | Change | ☐ Addition | |
| TITLE | | ☐ DELETE | 2.1 TITLE | | | [_] ondrige | | |
| NAME | | | 2.2 NAME | | | | | |
| STREET ADDRESS | | | 1 | TADDRESS | | | | |
| CITY-ST-ZIP | | | 2.4 CITY-S | ST-ZIP | | ☐ Change | Addition | |
| TITLÉ | · | ☐ DELETE | 3.1 TITLE | | | □ Glialige | | |
| NAME | } | | 3.2 NAME | | | | Ì | |
| STREET ADDRESS | | | | TADDRESS | | | | |
| CITY-ST-ZIP | | C ACCETE | 3.4 CITY-5 | ST-ZIP | | ☐ Change | ☐ Addition | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | L1 change | Lu Addidon | |
| NAME | | | 4. 2 NAME | | | | | |
| STREET ADDRESS | | | 4.3 STREE | TADDRESS | | | | |
| CITY-ST-ZIP | | | 4.4 CITY-S | T-ZIP | | | F** A MARIN | |
| TITLE | | ☐ DELETÉ | 5.1 TITLE | | | Change | Addition | |
| NAME | | | 5.2 NAME | | | | (| |
| STREET ADDRESS | | | | TADDRESS | | | | |
| CITY-ST-ZIP | | | 5.4 CITY-S | T-ZIP | | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | ☐ Change | ☐ Addition | |
| NAME | l a | | 6.2 NAME | | | | i | |

6.4 CITY-ST-ZIP 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 suppliemental 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 changed, on any attact the receiver of the

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

OFFICER OR DIRECTOR

CR2E034 (11/98)

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