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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9700065984

1. Corporation Name

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90086 025 ***150.00

000111	ORLANDO, INC.									
Principal Place	e of Business	Mailing Address				S INDIVIDENTAL HAR HANN HANN BOSTI AN	ili 90ili 80ili 81	(M) distant	DI (Biri Milligh)	
12995 S. CLEVE	ELAND AVE., STE. 214	12995 S. CLEVELAND A	NE., STE. 21	4		•				
FT. MYERS FL 33907 FT. MYERS FL 33907						DO NOT WRITE IN THIS SPACE				
	·				ŀ	3. Date Incorporated or Qualifed				
					1	07/30/1997			\	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			Applied For	
21	· ; 	26				65-0773392		ı	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	•			5. Certifcate of Status Desired		•	Additional	
22		27				3. Certificate of Glatica Desired			Required	
City & State		City & State			•	6. Election Campaign Financing			May Be	
23		28				Trust Fund Contribution			to Fees	
Zip	Country	Zip	Cou	ntry		8. This corporation owes the curr	-	ngible □ Yes	□No	
24	25	29	30			Personal Property Tax. 10. Name and Address of New F				
	9. Name and Address of Current	Kedizieien Walii		81 Name		·		9-,		
HAFI	ELE, DALE G			<u> </u>						
	5 S. CLEVELAND AVE., STE. 214			82 Street	Addres	s (P.O. Box Number is Not Accepte	able)		}	
FT. N	MYERS FL 33907			83		-	•			
								Tee 1 7:		
	•			84 City		•	FL	85 Zij	Code	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	f Florida. Such change wa	is authorized	I by the corb	corpor oration	ation submits this statement for the 's board of directors. I hereby accept	purpose of cot the appoint	hanging i ment as	ts registered registered	
SIGNATURE	·									
	Signature, typed or printed name of registered agent	<u>`</u> `	IOTE: Registered	Agent signature	required w	ADDITIONS/CHANGES TO OF	DATE FICERS AND	DIRECT	ORS IN 12	ć
12.	OFFICERS AND	DIRECTORS	13.							-
T/TLE NAME		□ DELETE	117	TI F						,
NAME		☐ DELETE						Change		
CENTER AND DESC	WILLIAMS, THOMAS L	☐ DELETE	1.2 N	AME						, , , , , ,
STREET ADDRESS	WILLIAMS, THOMAS L 212 E. 3RD ST., STE. 300	☐ DELETE	1.2 NA 1.3 ST	AME TREET ADDRESS						, , , oo Lon
CITY-ST-ZIP .	WILLIAMS, THOMAS L 212 E. 3RD ST., STE. 300 CINCINNATI OH 45202	☐ DELETE	1.2 N/ 1.3 ST 1.4 C/	AME TREET ADDRESS TY-ST-ZIP					e Addition	, , , oo Louis
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CITY-ST-ZIP TITLE NAME	WILLIAMS, THOMAS L 212 E. 3RD ST., STE. 300 CINCINNATI OH 45202 D WILLIAMS, W. JOSEPH JR.		1.2 NA 1.3 ST 1.4 CA 2.1 TT 2.2 NA	ame Treet address TY-ST-ZIP TLE AME				Change	e Addition	
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CITY-ST-ZIP TITLE NAME	WILLIAMS, THOMAS L 212 E. 3RD ST., STE. 300 CINCINNATI OH 45202 D WILLIAMS, W. JOSEPH JR.		1.2 NA 1.3 ST 1.4 Ci 2.1 TT 2.2 NA 2.3 ST 	AME IREET ADDRESS ITY-ST-ZIP TLE AME IREET ADDRESS				Change	e Addition	
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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 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.

SIGNATURE: