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 # P97000077472

Principal Place of Business		Mailing Address
1201 SOUTH (SUITE 360 WINTER PARK	PL 32789	1201 SOUTH ORLANDO AVENUE SUITE 360 WINTER PARK FL 32789
2. Principal Place of Business		2a. Mailing Address 26
Suite, Apt. #, etc.		Suite, Apt. #, etc.
		27
City & Sta	te see.	City & State 28
22		City & State

FILED Mar 23, 1999 8:00 am **Secretary of State**

03-23-1999 90033 012 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 09/08/1997 Applied For 4. FEI Number 59-3466605 Not Applicable \$8.75 Additional 5. Certifcate of Status Desired \Box Fee Required \$5.00 May Be 6. Election Campaign Financing, Added to Fees Trust Fund Contribution 8. This corporation owes the current year intangible Personal Property Tax. 10. Name and Address of New Registered Agent STRONG, DAVID C Street Address (P.O. Box Number is Not Acceptable) 1201 SOUTH ORLANDO AVENUE SUITE 360 83 WINTER PARK FL 32789 84 Zip Code City 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 registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change ☐ Addition □ DELETE TITLE 1.1 TITLE STRONG, DAVID C 1.2 NAME NAME 1201 SOUTH ORLANDO STE. 360 1.3 STREET ADDRESS STREET ADDRESS WINTER PARK FL 32789 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE ☐ Change 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition □ DELETE 4.1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ DELETE 61 T(T) F ☐ Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS

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 open attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

407 629-1800