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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000087666

1. Corporation Name

Principal Place of Business	Mailing Address
556 PALM PARKWAY	8556 PALM PARKWAY
RLANDO FL 32836	ORLANDO FL 32836

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90111 045 ***150.00

Principal Place 8556 PALM PAI ORLANDO FL S	RKWAY	Mailing Address 8556 PALM PARKWAY ORLANDO FL 32836			·		O NOT WR	ITE IN THIS			
'						3. Date incorporated	or Qualifed	5			
						10/10/1997				٠.	V- 4 F
<u> </u>	face of Business	2a. Mailing Address				4. FEI Number			- }		olied For
21		Suite Ant # etc				59-3473611			<u>¢8</u>		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Statu	s Desired		• •	ee Red	
22 City & State	-	City & State				6. Election Campaig	n Financino				May Be
23		28				Trust Fund Contril				ded to	•
Zip	Country	Zip	Country	у	-	8. This corporation of	wes the cu	rrent year In	ـــــــــــــــــــــــــــــــــــــ	!	
24	25		30			Personal Property	Tax.		X Ye		□No
	9. Name and Address of Curre					10. Name and Addre	ss of New	Registered	Agent		
			81	1 Na	ame						
	, JAMES R	0.4	82	2 St	reet Addres	ss (P.O. Box Number is	Not Accep	table)			
	RMAN, SENTERFITT & EIDSON		Ĺ					<u> </u>			
	SOUTH FLAGLER DRIVE SUITE	: 900 E. TOWER	83	3							•
MES	ST PALM BEACH FL 33401		84	4 Ci	 tv				85	Zip C	code
				-	•	FL /°					i
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	s, the abov	ve-na	med corpor	ration submits this state	ment for the	e purpose of	chang	ng its r	registered
office or r	to the provisions of Sections 607.05 registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was au ations of, Section 607.0505, Flori	ithorized by ida Statutes	y the s.	corporation	n's board of directors. I	ment for the hereby acce	e purpose of ept the appo	chang intment	ng its r as reg	registered gistered
office or r agent. I a SIGNATURE	registered agent, or both, in the State im familiar with, and accept the oblig Signature, typed or printed name of registered eg	e of Florida. Such change was au lations of, Section 607.0505, Flori ent and title if applicable. (NOTE: f	thorized by da Statutes Registered Age	y the s.	corporation	ration submits this state n's board of directors. I i when reinstating) ADDITIONS/CHAN	——————	DATE	munem	as reg	JISTELEO
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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 of the execute 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 of an attachment with an address, with all other like empowered.

SIGNATURE:

SIMMURE REQUIRES

SIGNATURE AND TYPED OR MAINTED NAME OF SIGNING OFFICER OR DIRECTOR ire required