-04131999-90010-011-\$158.75-\$158.75

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT#

FILED Apr 13, 1999 8:00 am Secretary of State 04-13-1999 90010 011 ***158.75

rincipal Place of Business	Mailing Address		7		
380 S. StateR4 434		,	l'		
=	- Si	ame	DO NOT WRIT	TE IN THIS SPACE	
Suite 1004-314		•	3. Date incorporated or Qualifed		
ALTAMONTE SPGS, FL:	32714		10/13/97		
Principal Place of Business	2a. Mailing Address	سر جري	A. FEI Number	<u> </u>	plied For
·	26	<u> </u>	59-3471700	\$8.75 /	t Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	\	5. Certificate of Status Desired	Fee Re	
City & Coato	City & State	· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing	\$5.00	<u> </u>
City & State	28		Trust Fund Contribution	Added I	- 1
ZipCountry	Zip	Country	\$. This corporation owns the cutt		
25	29	30	Personal Property Tax.	Yes	□No
9. Name and Address of	Current Registered Agent	81 Name	10. Name and Address of New R	egistered Agent	
MALLIKAGE D. WEL	FORANJUE	Maine 181			
		82 Street Addr	ress (P.O. Box Number is Not Accepta	ble)	
380 . S. State Rd 4	-34	83			
Suite (004-314					
ALTAMONTE SPRI	MES FL 32719	F B4 City		FL as Zip C	Jode
. Pursuant to the provisions of Sections 6	07.0502 and 607.1508, Florida Sta	tutes, the above-named corp	poration submits this statement for the	purpose of changing its	registered
 Pursuant to the provisions or Sections of office or registered agent, or both, in the agent, I am familiar with, and accept the 	s State of Florida Stich charida wa	s alithonzen ny the comorati	OUR DOSLO OF OTHERCTORS. I MALADA SICCAD	t tile appointment as re-	gistor)
-	Congations of Consult our coost,	FIDRUA SIARURES.	٠		į
GNATURE Signature, typed or printed name of regist	tered agent and title if applicable. (No	OTE: Registered Agent signature require	d when reinstating)	DATE	
GNATURE Signature, typed or printed name of regist. OFFICE	leved agent and allo if applicable. (NI RS AND DIRECTORS	OTE: Registered Agent signature require	·	FICERS AND DIRECTO	
GNATURE Signeture, typed or privided name of regist OFFICE MALLY KAGE	tered agent and title if applicable. (No	OTE: Registered Agent signature require 13. 1.1 TTLE	d when reinstating)		PRS IN 12
GNATURE Signature, typed or printed name of regist OFFICE MALLY KAGE ME 200 S SIGNA	PRINCE AND DIRECTORS D. HEER ABAU DELETE 18. 14.2 (4.2.1)	OTE: Registered Agent signature require 13. 1.1 TITLE 12. NAME	d when reinstating)	FICERS AND DIRECTO	
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M.D. WEERABAHU

407-650-2631