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

PROFIT CORPORATION ANNUAL REPORT 1999



Secretary of State **DIVISION OF CORPORATIONS**

Apr 30, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris

04-30-1999 90158 028 ***158.75

DOCUMENT # P97000103978								
•	AND (ORLANDO), INC.							
	,							
Principal Place		Mailing Address						
7600 DR PHILLIPS 7600 DR PHILLIPS BLVD SUITE 130 SUITE 130					-			
ORLANDO FL 3					DO NOT WRITE IN THIS	SPACE		
US		US			3. Date Incorporated or Qualifed			
			_		12/10/1997		t '	
2. Principal P	ace of Business 2a. Mailing Address				4. FEI Number	 	lied For	
21	26				65-0819191		Applicable	ı
	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 A		ĺ
22					O St. 11 O and a Strandard		•	
					6. Election Campaign Financing Trust Fund Contribution	\$5.00 M Added to		
23 Zin	Zip * Country Zip				8. This corporation owes the current year Int		-	-
24	25 25 25	29 30	Country		Personal Property Tax.		⊒No	
	9. Name and Address of Current		<u>' </u>		10. Name and Address of New Registered	Agent		1
			81	Name				
	ERTAND, JOHN		82	Street Add	fress (P.O. Box Number is Not Acceptable)			l
3003 YAMATO ROAD C-1			02	Olloot Add	Tess (F.S. Box Hamber is Not Nesspitality)			
BOC	CA RATON FL 33496		83					ĺ
			84	City		85 Zip C	ode	
				•	<u> </u>	-		
11. Pursuant	to the provisions of Sections 607.0592	and 607.1508, Florida Statutes,	the above	-named corp	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoint	changing its r	egistered istered	
agent. I a	m familiar with, and accept the obligation	ons of, Section 607,0595, Plorida	Statutes	olo corporad				l
SIGNATURE	~~~ 5	rille	ِ د		4.2b.9	<u>; 7</u>		Ì
	Signature, typed or printed name of registered agent OFFICERS AND		gistered Agen	t signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO!	2S IN 12	6
12.	D OFFICERS AND	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OTT TOLKS AS	Change	· Addition	1
NAME	SILVERTAND, JOHN	<u> </u>					_	;
STREET ADDRESS			1.3 STREET	ADORESS				8
CITY-ST-ZIP			1.4 CITY-ST				·	5
TITLE	D	DELETE 2.1 TI			.	Change	Addition	6
NAME			2.2 NAME					ĺ
STREET ADDRESS	3003 YAMATO ROAD C-1		2.3 STREET	ADDRESS				ĺ
CITY-ST-ZIP			2. 4 CITY-S	T-ZIP				
TITLE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition	
NAME			3.2 NAME			,		
STREET ADDRESS			3.3 STREET	ADDRESS		į.		1
CITY-ST-ZIP			3.4. CITY-S	T-ZIP				
πιε		☐ DELETE	4.1 TITLE			☐ Change	Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY-S1	- ZIP		Chance	□ Addisia-	1
TITLE		☐ DELETE	5.1 TITLE		;	Change	☐ Addition	
NAME			5.2 NAME	ADDRESS		· .		}
STREET ADDRESS	·		5.3 STREET		· · · · · · · · · · · · · · · · · · ·	ì 😲 .		}
CITY-ST-ZIP)	5.4 CITY-ST 6.1 TITLE	· ZIF		Change	☐ Addition	
TITLE		DELETE	6.2 NAME			5,1d,190		
NAME STREET ADDRESS			6.3 STREET	ADDRESS				1
I KEEL ALIIIHESSI								4

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

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

4.26-99

561.995.1622