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

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	PROFIT CORPORATION ANNUAL REPORT FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
1999	DIVISION OF C	CORPORATIONS		
DOCUMENT #P97MMUD)		99 FEB 22 NII 9: 59	ļ	
1. Corporation Name		,		
1. Corporation Name MECHANICACIII		TÄLLÄHÄSSLE, FLORIG	AČ	
•			WiffWith Concert, many	
Principal Place of Business	Mailing Address	/	{	66
7252 NARCOOSSEE	el maining according		REINSTATEMEN	IT () (.OQ -
OPLANDO, FL 92822			DO NOT WRITE IN THIS STACE	
ORLANDO, FL)2	8d L		3. Date incorporated or Qualified	
			12 - 10-97	
2. Principal Place of Business	2a. Mailing Address 26 8695 BLACA	MESA DR	59-34998ac	Applied For Not Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27			Fee Required
City & State	28 OELANDO	FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year Inf	langible
9. Name and Address of C	29 32829	30 OLANGE	Personal Property Tax. 10. Name and Address of New Registered	Yes SNo
	Brient Registeren Agent	81 Name	IV. Maine and Mudians of New Registeres	Agait
MARK ADAMS	•	82 Street Add	ress (P.O. Box Number is Not Acceptable)	
8695 BLACK MESA DL				
	•	84 City	FL	85 Zip Code
11. Pursuant to the provisions of Sections 60 office or registered agent, or both, in the	7.0502 and 607.1508, Florida Statute	es, the above-named corputhorized by the corporate	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	changing its registered introent as registered
	belinations of Section 607.0505, Flor	ida Statules	2-18.	99
SIGNATURE Signature, typed or printed name of register	· · · · · · · · · · · · · · · · · · ·	Registered Agent Sprature require	ed when reinstating) DATE	
ITLE OPES /SEC · / T	RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
MARK A. AOA	ns	1.2 NAME		
STREET ADDRESS 8695 BLACK	MESA DE	1.3 STREET ADDRESS		
TITLE ORLANDO, FL.	Ja 889 □ DELETE	1.4 CITY-ST-ZIP		Change Addition
MANE		2 ? NAME		Cionada (Tivasus
STREET ADDRESS		2 3 STREET ADDRESS		
DITY-ST-20	☐ DELETE	2.4 CATY-ST-7IP		Elichana Elikaria
TITLE THE	□ pereve	31 TALE 32 NAME	50000278	Change [] Add to
TREET ADDRESS		3.3 STREET ADDRESS	50000278 -02/25/99	01084014
Cary-S1-ZIP		34 City-S*-ZIP	****900.0	0 ****300.00
TILE	□ DELETE	4.1 TITLE		☐ Change ☐ Additio
MARK		4 2 NAUE		
NAME Street address		4 2 NAME 40 STREET ADDRESS		
i l		40 STREET ADDRESS 4.4 City-ST-24		
STREET ADDRESS CNY-ST-ZB- TOLE	DEFECE	4.0 STREET ADDRESS 4.4 CITY-ST-249 5.1 TITLE		☐Change ☐ Addito
STREET ADDRESS (71Y-57-28-) TILLE MAME	DAFE	40 STREET ADDRESS 4.4 City-ST-24		Change Addition
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