05-04-1999 90167 031 ***150.00

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000107029 1. Corporation Name

Principal Place	of Business	Mailing Address							
9 9130 JUPITER DRIVE									
ST. CLOUD FL 34773 ST. CLOUD FL 34773						DO NOT WRITE IN THIS SPACE			
US						3. Date incorporated or Qualifed			
						12/19/1997		}	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		plied For	
21	•	26	26			APPLIED FOR 59-35078	Not	t Applicable	
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A		
22		27					Fee Re	<u> </u>	
City & State	•	City & State	¬ '			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
23		28				Trust Fund Contribution		o Fees	
Zip———Country		Zip	Zip Gount			8. This corporation owes the current year intangible Personal Property Tax.		□No	
24	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered Agent			
	5. Name and Address of Curren	it itegistered Agent		81 Nar	ne				
FOU	NTAIN, DENNIS F		ļ				<u> </u>		
	ORIENTA AVENUE			82 Stre	et Addre	ess (P.O. Box Number is Not Acceptable)			
SUITE 5			ŀ	83	_			\neg	
ALTA	MONTE SPRINGS FL 32701						. [85 Zip C	-da	
				84 City		F	L 85 Zip C	ode	
office or re	to the provisions of Sections 607.0503 egistered agent, or both, in the State on familiar with, and accept the obligat	ot Fiorida. Silico chande was	auunonzeu	av me a	ed corpo orporation	ration submits this statement for the purpose n's board of directors. I hereby accept the app	of changing its pointment as rec	registered gistered	
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if conlicable (NO	TE: Registered	Anent sinnat	ve required	when reinstating) DATE		i	
12.		D DIRECTORS	13.	- ngorn angman	2,0.04202	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	
TITLE			1.1 T/T	LE.	<u> </u>		☐ Change	☐ Addition	
NAME !	FOUNTAIN, DENNIS F		1.2 NA	ME	-			İ	
STREET ADDRESS 815 ORIENTA AVENUE, SUITE		5	1.3 STREET.		:\$S				
CITY-ST-ZIP ALTAMONTE SPRINGS FL 327			1,4 CF			·			
TITLE	DP	☐ DELETE					☐ Change	☐ Addition	
NAME -			2.2 NA	2.2 NAME					
STREET ADDRESS			2.3 ST	2.3 STREET ADDRESS					
CITY-ST-ZIP			2. 4 CI	TY-ST-ZIP					
TITLE	DVP	—————————————————————————————————————		LE			Change	— ☐ Addition	-31
NAME	CATO, ROBERT P.	P. 32		ME	İ				
STREET ADDRESS	AAAA SUUTENI DE		3.3 ST	REET ADDRI	SS			ĺ	
CITY-ST-ZIP	A 1118 A		3,4. CI	TY-ST-ZIP					
TITLE	DST	☐ DELETE	4.1 111	LE	_ }		☐ Change	☐ Addition	
NAME			4, 2 N	ME	İ			1	
STREET ADDRESS 3832 BOWLINE CIRCLE APT.		# 103	4.3 STREET ADDRESS		SS				
CITY-ST-ZIP	KISSIMMEE FL 34741 44		4.4 CI	Y-ST-ZIP					
TITLE			5.1 TIT				Сћапде	☐ Addition	
NAME			5.2 NA	ME	1				
STREET ADDRESS			5.3 ST	REET ADDRI	SS			į	
CITY-ST-ZIP				Y-ST-ZIP					
TITLE		☐ DELETE	6.1 TIT	TE			Change	☐ Addition]	

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

6.4 CITY-ST-ZIP

6.2 NAME

6,3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP