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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000107121

1. Corporation Name

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90033 010 ***150.00

THREE E CORPORATION									
Principal Place	of Business	Mailing Address	Mailing Address				Bill facet flate to	#01 (18; 10E)	ı
651 BRYN MAW		651 BRYN MAWR STREET							,
ORLANDO FL 32804 ORLANDO FL 32804						DO NOT WRITE IN THIS	SPACE		
						Date Incorporated or Qualifed 12/22/1997			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	App	lied For	
21		26				59-3496570	Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A		
22		27					Fee Red		وسوا
City & State		City & State				e. Election Campaign Financing	\$5.00 N		Ĺ
23		Zip Country				Trust Fund Contribution		11 663	ŀ
Zip	Country	Zíp	30	unuy		This corporation owes the current year Interpretation.		□No	l
24	25 Address of Current	29 29 Agent	30	7		10. Name and Address of New Registered	Agent		
Name and Address of Current Registered Agent					Name				l
LENT	z, James L				Ot 1 Addis	ess (P.O. Box Number is Not Acceptable)			1
651 [BRYN MAWR STREET			82	Street Addre	ess (P.O. Box Number is Not Acceptable)			ĺ
ORLA	ANDO FL 32804			83	-				Ι,
					016		85 Zip C	ode	l
}				84	City	FL	.		l
11. Pursuant t	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statu	tes, the	above	-named corpo	pration submits this statement for the purpose of n's board of directors. I hereby accept the appoin	changing its r	egistered	
office or n	egistered agent, or both, in the State on familiar with, and accept the obligat	of Florida. Such change was a tions of, Section 607.0505, Fk	autnorize orida Sta	tutes.	ine corporation	n's board of directors. I hereby accept the appoin	Illingin as rog	1010100	١ ١
· -	in lamiad war, and boope are ossign								١.
SIGNATURE	Signature, typed or printed name of registered agent	it and title if applicable. (NOT)	E: Registere	d Ageni	signature required				Ś
12.		D DIRECTORS	13		1	ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition	3
TITLE	D	☐ DELETÉ 1.1 TM					□ Ontinge		;
NAME	LENTZ, JAMES L		1	NAME					8
STREET ADDRESS	651 BRYN MAWR STREET				ADDRESS				}
CITY-ST-ZIP	ORLANDO FL 32804	☐ DELETE	_	CITY-ST	-ZIP	- State of the sta	Change	Addition	H
TITLE	D	□ nere ie		TITLE] '
NAME	LENTZ, MARTHA E			NAME	ADDDECC				İ
STREET ADDRESS				ADDRESS				ļ.,	
CITY-ST-ZIP	ORLANDO FL 32804	2.4 CI ☐ DELETE 3.1 TII			+-41F		Change	Addition	\
TITLE				NAME					
NAME CTREET ADORESS	•				ADORESS				
STREET ADDRESS CITY-ST-ZIP				CITY-S	1				
TITLE		☐ DELETE	_	TITLE			Change	☐ Addition	
NAME		,	4. 2	NAME					[
STREET ADDRESS			4.3	STREET	ADDRESS				{
CITY-ST-ZIP			4.4	CITY-ST	r-ZIP				1
TITLE		☐ DELETE	5.1	TITLE			Change	☐ Addition	
NAME				NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			-	CITY-ST	-ZIP	the same of the sa		C Addition	}
TITLÉ		☐ DELETE		TITLE			Change	☐ Addition	
NAME				NAME 					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	, , , , , , , , , , , , , , , , , , , ,		6.4	CITY-S	T-ZIP		115 11-4 Ab - 11]

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 informatio 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 a state of the corporation of the corporation or the receiver or trustee empowered.

SIGNATURE:

NTED NAME OF SIGNING OFFICER OR ORECTOR