CR2E034 (11/98)

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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000107826

UMANSKY & FENCIK, P.A.

Mailing Address

## FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90021 006 \*\*\*150.00



Principal Place of Business 1515 S ORLANDO AVE P O BOX 533069 MAITLAND FL 32751 ORLANDO FL 32853-3069 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/02/1998 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable <u>59 - 3483973</u> 26 37 NORTH ORANGE AVE Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc.  $\Box$ 5. Certifcate of Status Desired Fee Required 27 Suite 425 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State Added to Fees ar Lambo Trust Fund Contribution 28 Country Cour try 8. This corporation owes the current year intangible Zip 12110 Persor al Property Tax. 39801 29 30 25 USA 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent UMANSKY, WILLIAM D Street Ac dress (P.O. Box Number is Not Acceptable) 82 1515 S ORLANDO AVE 37 HOME AVE, SUTE 425 MAITLAND FL 32751 85 Zip Code 84 City duri34100 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of clirectors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOT E: Registered Agent signature required when reinstating) Signature, typed or printed na ne of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ☐ ★ odition DELETE 1.1 TITLE TITLE WILLIAM D UMANSKY 12 NAME NAME 1318 SIBUANE AVE 1.3 STREET ADDRESS STREET ADDRESS ORLANDO 1.4 CITY-ST-ZIP CITY-ST-ZIP CHIEF FINANCIAL OFFICER 4 Addition ☐ DELETE ☐ Change 2.1 TITLE TITLE GREGORY A. FENCIK 2.2 NAME NAME abis STAMMENE COUNT 2.3 STREET ADDRESS STREET ADDRESS arianos, FLORIDA 33817 2 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY+ST-ZIP Change Addition □ DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Addition Change ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADORESS STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED

(4c7) 926--1027