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 # P9800004509 1. Corporation Name

Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90019 002 ***150.00

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Principal Place of Business	Mailing Address				I (##II### rim ibini rann boril doite aont ao	ENT MANUS ANAMAS ACTUS A	I DI (U I U I U I U I		
1229 SADDLEBACK RIDGE RI APOPKA FL 32703	1229 SADDLEBACK R APOPKA FL 32703	1229 SADDLEBACK RIDGE RD APOPKA FL 32703							
THE OF THE COLUMN						DO NOT WRITE IN TH	IIS SPACE		
						3. Date Incorporated or Qualifed			
						01/14/1998			
2. Principal Place of Business		2a. Mailing Address				4. FELNumber 18C 1/2	\ '	olied For	
21		26	<u> </u>	22.2				Applicable	شتــــ
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State				6. Election Campaign Financing	\$5.00	- 1	
23		28				Trust Fund Contribution Added to Fees			
Zip Country		Zip Country				8. This corporation owes the current year			
	25	29	30	_		Personal Property Tax.		□No	
9. Name	and Address of Current	Registered Agent		81	N	10. Name and Address of New Register	ea Agent		
LOTT DAME A				61	Name				
lott, david a 1229 saddleback ridge rd		•		82	Street Add	ress (P.O. Box Number is Not Acceptable)			
APOPKA FL 327				83			·		
AF OF IAN I E SE	93			100					
				84	City		85 Zip C	Code	
11 Durewant to the provisi	one of Sections 607 0502	and 607 1508 Florida S	tatutes, the a	boye	l e-named cor	poration submits this statement for the numose	of changing its	registered	
office or registered age	ent or both in the State of	f Florida. Such change w	as authorize	עס ט	the corporat	ion's board of directors. I hereby accept the ap	pointment as reg	gistered	
agent. I am familiar wit	h, and accept the obligation	ons of, Section 607.0505	, Florida Sta	utes	•				
SIGNATURE Signature broad	or printed name of registered agent	and title if applicable	(NOTE: Registere	d Ager	nt signature requi	red when reinstating) DATE		Ì	=
12	DIRECTORS				ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	R2E034 (11/98)	
TITLE Pro		DELET	E 1.1 T	πE			☐ Change	☐ Addition	Ξ
NAME 1	21 Int		1.2 N	1.2 NAME					뙲
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CITY: ST-ZIP		7-2000) 2 1,46	HTY-S	T-ZIP SEE ===				_દે
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NAME			32 N	AME					
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CITY-ST-ZIP			4.4 0	ITY-S	T-ZIP				
TITLE		☐ DELET	E 5.1 T	ITLE			☐ Change	☐ Addition	
NAME			5.2 N	AME					
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CITY-ST-ZIP			1	IKEE	1 7001100			1	
TITLE			1	TREE	1				
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NAME		DELET	5.4 C	ITY-S	1		☐ Change	Addition	
		☐ DELET	5.4 C E 6.1 T 6.2 N	TTLE AME	1		☐ Change	Addition	

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 of 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.

SIGNATURE: