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 # P98000004654

1. Corporation Name ISS OF OR ANDO INC

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90070 040 ***150.00

J33 OF	ONLANDO, ING.						
Principal Place	e of Business	Mailing Address				911) BBIIS BBISI BIBIB BSI	91 BILLI BIBL 1981
l '		600 E. COLONIAL DRIVE	. ,				
600 E. COLONIAL DRIVE 600 E. COLONIAL DRIVE SUITE 100 SUITE 100							
ORLANDO FL 32803 ORLANDO FL 32803				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		}
					01/15/1998 🗸		
2. Principal P	lace of Business	2a. Mailing Address		_	4. FEI Number	⊢-	Applied For
21		26			59-3490776		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	4 +	Additional
22		27			9. Oct mode 0. Calco Doored	Fee R	Required
City & Stat	e-1	City & State	7		6. Election Campaign Financing		May Be
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Coun	try	8. This corporation owes the current		
24	25	29	30	_	Personal Property Tax.	Yes	□No_
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Reg	istered Agent	
-00	DODITION COMPANY OF MAN	. /		81 Name			
	PORATION COMPANY OF MIAN	41 '	h	82 Street Add	ress (P.O. Box Number is Not Acceptable	u)	
201 S. BISCAYNE BOULEVARD 🗸							
	MIAMI CENTETR 🗸 📜		Ī	83			
MIAN	Al FL 33131 🗸		\ -	24 04		os Zir	Code
į			[84 City		FL 85 Zip	Code
office or r	egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered age	of Florida. Such change was ations of, Section 607.0505, F	s authorized Florida Statut	by the comorate	poration submits this statement for the pur on's board of directors. I hereby accept the ad when reinstating)	DATE	registered
12.	OFFICERS AN	ND DIRECTORS	13	_	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	
TITLE	D	☐ DELETE	1.1 TTL	E		Change	e 🗀 Addition
NAME	schrimsher, J Steven		1.2 NAM	Æ.			ļ
STREET ADDRESS	600 E. COLONIAL DRIVE, SUI	ITE 100	1.3 STR	REET ADDRESS			ļ
CITY-ST-ZIP	ORLANDO FL 32803		1.4 CIT	Y-ST-ZIP			
TITLE	D	☐ DELETE	2.1 TITL			Change	e 🔲 Addition
NAME	SCHRIMSHER, FRANK L		2.2 NAN	ME			ĺ
STREET ADDRESS	600 E. COLONIAL DRIVE, Su	ITE 100		REET ADDRESS			
i	ORLANDO FL 32803		L	Y-ST-ZIP			(
CITY-ST-ZIP TITLE	D CALCANDO I E 02000	☐ DELETE	3.1 TITL			Change	e 🔲 Addition
NAME	SCHRIMSHER, MICHAEL		3.2 NAA	1			l
	600 E. COLONIAL DRIVE, SU	UTE 100		REET ADDRESS			l
STREET ADDRESS	ORLANDO FL 32803	· · · · · · · · · · · · · · · · · · ·		Y-ST-ZIP			l
CITY-ST-ZIP TITLE	CILATION I E SEGO	DELETE	4.1 TITL			Change	e Addition
							_
NAME			4. 2 NA				
STREET ADDRESS			•	REET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP		[Change	e 🗀 Addition
TITLE		☐ DELETE	5.1 TITL	ì		. Li Criange	, <u> </u>
NAME			5.2 NAN	ŀ			j
STREET ADDRESS		4 1		REET ADDRESS			ì
CITY-ST-ZIP				Y-ST-ZIP			T a dubit.
TITLE		☐ DELETE	6.1 TITL	.t		Change	e

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

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

贝尼Steven Schrimsher

4/15/99

(407) 423-7600

Daytime Phone #