

# **PROFIT** CORPORATION ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE

### Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

# FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90117 007 \*\*\*150.00

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Principal Plac	ce of Business	Mailing Address		I thaithart ich idid't instit watra ker	ra marak Mante Sarkt fabri 1849	ta iniis anti tani	
2814 LAKESH		2814 LAKESHORE DRIVE					
ORLANDO FL	32903	ORLANDO FL 32803		DO NOT WEIT	E IN THIS SPACE		
}				3. Date Incorporated or Qualified 01/23/1998	2 117 11110 01 7132		7
2. Principal Place of Business 2a. Mailing Address				4, FEI Number	( A	polied For	1
21 1225	51 University Blad	. 25 12251 Uni	versity Blu	d 59-3489565		lot Applicable	1
_ Suite, Apt.	#, etc.	Suite, Apt. #, etc.		* 5. Certifcate of Status Desired	1 1	Additional	
22		27	_	<del></del>	<del></del>	tequired	-
23 Or C		28 Orlando	FL	6. Staction Campaign Financing Trust Fund Contribution		May Be — · Ito Fees	-
23 Orla	Country	Zip	Country	8. This corporation owes the curre			1
24 328			USA	Personal Property Tax.	Yes	MNo MNo	
	9. Name and Address of Curren			10. Name and Address of New Re	egistered Agent		]
	ALBUMPT TRACTILL AS		81 Name	Ervin Live Her	havarria		
MCAULIFFE, TIMOTHY M 2814 LAKESHORE DRIVE			82 Street Add	tress (P.O. Box Number is Not Acceptate	(ok		┨
ORLANDO FL 32803				954 Swottie	ld Drive		4
( One	24D0 ( C 32000		83				
]			84 City	-lando	FL 85 Zip	Code	7
11. Pursuant	to the provisions of Sections 607,0502	and 607.1508, Florida Statutes	, the above-named con	poration submits this statement for the paion's board of directors. I hereby accept		s registered	┪
office or r	registered agent, or both in the State of im familias with and constitute obligat	of Florida. Such change was aut ions of, Section 607.0505, Florid	norized by the corporatia Statutes.	ion's board of directors. I hereby accept	the appointment as r	egistered	
}						A	
SIGNATURE		EKNIN L	us hechaua.	eun - treudent	4//3/9	9	Į .
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	NS HECHANA	ed when reinstating)	4//3/9	<u> </u>	   g
12.	Signature, typed or printed name of registered again OFFICERS ANI	ond title if applicable. (NOTE: R	egistered Agent signature requir	edia - tresident ud when renewing) ADDITIONS/CHANGES TO OFF			100
12.	OFFICERS AND	and title if applicable. (NOTE: R	13.	ed when reinstating)	DATE    CERS AND DIRECTO	ORS IN 12	
12.	OFFICERS ANI  D  MCAULIFFE, TIMOTHY M	ond title if applicable. (NOTE: R	13. 1.1 TRLE 12 NAME	ed when reinstating)			
12. TITLE NAME STREET ADDRESS	OFFICERS ANI D MCAULIFFE, TIMOTHY M 2814 LAKESHORE DRIVE	ond title if applicable. (NOTE: R	13. 1.1 TMLE 1.2 NAME 1.3 STREET ADDRESS	ed when reinstating)			1034
12.	OFFICERS ANI  D  MCAULIFFE, TIMOTHY M	ond title if applicable. (NOTE: R	13. 1.1 TRLE 12 NAME	ed when reinstating)			1034
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14. I hereby certify that the information supplied with this filling 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 edgress, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-207-8222