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 # **P98000010792**1. Corporation Name

ARGOT OF LONGWOOD, INC.

_								
Principal Place of Business Mailing Address								
POST OFFICE BOX 916464			POST OFFICE BOX 916464					
LONGWOOD FL 32791		LONGWOOD FL 32791					DO NOT WRITE IN THIS SPACE	
								3. Date Incorporated or Qualifed
								02/02/1998
2 Deimainal Di	and of Rusiness	2a.	Mailing Address					4, FEI Number Applied For
			Walling Address					59-349050 - Not Applicable
Suite, Apt. :	# etc	20	Suite, Apt. #, etc.		_			_ \$8.75 Additional
	, o.c.	27	27					5. Certificate of Status Desired Fee Required
City & State	<u> </u>	121	City & State		_			6. Election Campaign Financing S5.00 May Be
23		28	,					Trust Fund Contribution Added to Fees
Zip	Country	1-0,	Zip	Cou	intry			8. This corporation owes the current year Intangible
24	25	29	í	30				Personal Property Tax.
	9. Name and Address of Current		stered Agent		Γ			10. Name and Address of New Registered Agent
					81	Name		
CORPORATION SERVICE COMPANY					82	Stroot /	Adro	ess (P.O. Box Number is Not Acceptable)
1201 HAYS STREET						Sueetr	-qui e	ass (F.O. Box Number is Not Acceptable)
TALLAHASSEE FL 32301-2525								
								Op 7 Code
					84	City		FL 85 Zip Code
office or re agent. I at	egistered agent, or both, in the State o m familiar with, and accept the obligati	of Flore ions of	da, Such change was at , Section 607.0505, Flor	ithorized rida Stat	utes	the corpo	oration	oration submits this statement for the purpose of changing its registered n's board of directors. I hereby accept the appointment as registered
	Signature, typed or printed name of registered agent				Ager	it signature re	equired v	when reinstating) DATE OFFICIONS AND DIRECTORS IN 122
12.	OFFICERS AND) DIRE		13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D LOUINGON LYDER B		☐ DELETE	1.1 Ti				Collange Cytoston
NAME	JOHNSON, LYDER R			: 1.2 N				
STREET ADDRESS	POST OFFICE BOX 916464					ADDRESS		
CITY-ST-ZIP	LONGWOOD FL 32791				TY-\$	T-ZIP		☐ Change ☐ Addition
TITLE			☐ DELETE	2.1 Ti				Change Dynamon
NAME				2.2 N				
STREET ADDRESS						T ADDRESS		
CITY-ST-ZIP			C DELETE			T-ZIP		☐ Change ☐ Addition
TITLE			☐ DELETE	3.1 ∏				Change Dyouthon
NAME				3.2 N				
STREET ADDRESS				3.3 S	TREE	FADDRESS		
CITY-ST-ZIP				_		T-ZIP		Change C Addition
TITLE			☐ DELETE	4.1 TI				Change Addition
NAME				4. 2 N				
STREET ADDRESS				4.3 S	TREE	TADDRESS		
CITY-ST-ZIP				_		T-ZIP		
TITLE			☐ DELETE	5.1 TI				☐ Change ☐ Addition
NAME				5.2 N		i		
STREET ADDRESS				5.3 S	TREE	TADDRESS		

CITY-ST-ZIP 14. I hereby certify that the information supplied with this time 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 impowered 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 attacking it with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

Mex. R. Johnson 3/10/81 407-862-8980

Change

Addition

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90252 023 ***150.00