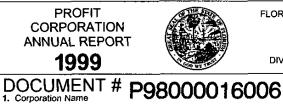
## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999

SIGNATURE: \_

LAW OFFICE OF D.C. LINDAMOOD, P.A.



## FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90182 032 \*\*\*150.00



Principal Place of Business Mailing Address										
4412 SHUMARD OAK CT. ORLANDO FL 32808					4412 SHUMARD OAK CT. ORLANDO FL 32808				DO NOT WRITE IN THIS SPACE	
									3. Date Incorporated or Qualified	
				<del></del>					02/18/1998	
2. Principal Place of Business					2a. Mailing Address 2b Same				4. FEI Number Applied For Not Applied For Not Applied For	
21	21 Chmb Suite, Apt. #, etc.			26	Suite, Apt. #, etc.				\$8.75 Additional	
22	<b>¬</b> '''			27	27				5. Certificate of Status Desired Fee Required	
23	City & State			28	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
	Zip		Country		Zip	Cour			8. This corporation owes the current year	
24			25	29		30			Intangible Personal Property. Yes X No	
		9. Name	and Address of C	urrent Regist	ered Agent		10. Name and Address of New Registered Agent			
								Name Same		
		AMOOD, D.C.						Street A	Street Address (P.O. Box Number is Not Acceptable)	
		HUMARD OAK CT.								
UKL		ANDO FL 32808								
							84	City	FL 85 Zip Code	
11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I here agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.									corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	
SIGNATURE										
5		gnature, typed	or printed name of register	ed agent and title if	applicable. (N	OTE: Regist	ered A	gent signatur	sture required when reinstating) DATE	
12	, ,		OFFICER	S AND DIREC	OT ORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		☐ DELETE			1.1 7	1.1 TITLE P		PRENDENT (P) Change Addition  D. C. LINDAMOND  4412 SHUMARD OAK CT		
NAME					1.2 N/			-	D.C LINDAMOND	
STREET ADDRESS								ADDRESS	4412 SON MARS OME	
CITY-ST-ZIP						1.4 CT		-Z)P	ORLANDO, Pr 32308	
TITLE					DELETE 2.1 TI				Change Addition	
NAME					2.2 N					
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NAME							ADDOCCO			
STREET ADDRESS								ADDRESS		
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NAME					I DELETE	5.2 NAME		,	Change C Addition	
1	REET ADDRESS							ADDRESS		
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NAA					□ DELETE	6.2 N				
	EET ADDRESS					•		ADDRESS	,	
Ī	V.ST.7IP						ITY.ST			

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.

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR