**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000016773

**FILED** May 05, 1999 8:00 am Secretary of State

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05-05-1999 90014 013 \*\*\*150.00

WORLD	CENTER OF OSCEOLA COL	JNTY, INC	<b>.</b>			•					
Principal Plac	e of Business	Mailing A	Address					t deriese ers reidt i bist open øser	1 <b>88</b> (6) 44(8) t.	turu Arthrophde	I TOBO (III IDD)
•	IERAL HIGHWAY	18679 S.E	. FEDERAL HIGHW	YAY			}				
TEQUESTA FL 33469 TEQUESTA FL 33469								DO NOT WRIT	C INCTURE	CDACE	
							-		E IN THIS	SPACE	
								3. Date Incorporated or Qualified			
								02/20/1998 4. FEI Number		K/1 A	oplied For
2. Principal P	2. Principal Place of Business 2a. Mailing Address							* LELIAGUIDE		IAL-	ot Applicable
21		26					$\dashv$				Additional
Suite, Apt.	#, etc.	, Apt. #, etc.				j	5. Cartificate of Status Desired			equired	
22		27	B Chala				<del></del> -+				May Be
City & Stat	te .		& State	-			-	<ol> <li>Election Campaign Financing Trust Fund Contribution</li> </ol>	Ω~		to Fees
23		28 Zip		Cou	ntor			8. This corporation owes the curre	nt year Into		
Zip	Country	<b>—</b>	ı	30	y		j	Personal Property Tax.	in your inc	Yes	□No
4	9. Name and Address of Current	[29]		30	r			10. Name and Address of New R	egistered /		
	9. Name and Address of Corrett	Kegisteido			81	Name					
RIB	ENFELD, DAREN				Ш						
18679 S.E. FEDERAL HIGHWAY					82	Street A	Address	s (P.O. Box Number is Not Acceptal	DI <del>O</del> )		
	UESTA FL 33469				83						
16.0	0201112 00100				LΊ						
					84	City			FL	85 Zip	Code
12.	OFFICERS AND	) DIRECTOR	RS DELETE	13.	TLE			ADDITIONS/CHANGES TO OFF	ICERS AN	☐ Change	Addition
TITLE	D		□ DELETE	1.1 M	ΠĒ					∐ Change	€] Apprilon
NAME	MILLER, ROBERT L			1.2 N	WE	ļ					
STREET ADDRESS	I .										
CITY-ST-ZIP	TEQUESTA FL 33469					ADDRESS					
TITLE				1 <i>A</i> C	TY-\$1		120	<u></u>		Channe	Addition
NAME	1		☐ DELETE	1ACT	TY-ST		VP			Change	Addition
			☐ DELETE	1ACT 2.1 TO 2.2 N	TY-ST TLE NME	-ZIP	Rube	nfeld, Daren		Change	Addition
STREET ADDRESS			☐ DELETE	2.1 TO 2.2 NV 2.3 ST	TY-ST TLE AME PREET	-ZIP ADDRESS	Rube 1867	9 S.E. Federal Highway		Change	Addition
CITY-ST-ZIP				1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 CF	TY-ST TLE MME TREET TY-ST	-ZIP ADDRESS	Rube 1867	enfeld, Daren 19 S.E. Federal Highway resta, Fl. 33469			
			☐ DELETE	1A Cr 2.1 Tr 2.2 NA 2.3 ST 2.4 Cr 3.1 Tr	TY-ST TLE VME TREET TY-ST TLE	-ZIP ADDRESS	Rube 1867	9 S.E. Federal Highway		☐ Change	Addition
CITY-ST-ZIP				1A Cr 2.1 Tr 2.2 N/ 2.3 ST 2.4 Cr 3.1 Tr 3.2 N/	TY-ST TLE THEET TY-ST TLE	ADDRESS :	Rube 1867	9 S.E. Federal Highway			
CITY-ST-ZIP TITLE NAME STREET ADDRESS				1A Cr 2.1 Tr 2.2 NA 2.3 ST 2.4 Cr 3.1 Tr 3.2 NA 3.3 ST	TY-ST TLE TREET TLE AME	ADDRESS T-ZIP ADDRESS	Rube 1867	9 S.E. Federal Highway			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ DELETE	1.4 Cr 2.1 Tr 2.2 NA 2.3 ST 2.4 Cr 3.1 Tr 3.2 NA 3.3 ST 3.4. Cr	TY-ST TLE TREET TY-ST TLE THE TY-ST	ADDRESS T-ZIP ADDRESS	Rube 1867	9 S.E. Federal Highway			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				2.4 CC 2.1 TM 2.2 NM 2.3 ST 2.4 CC 3.1 TM 3.2 NM 3.4 SC 4.1 TM 3.4 LM 4.1 TM	TY-ST TLE TREET TTE AME TREET TTY-ST TLE TTY-ST	ADDRESS T-ZIP ADDRESS	Rube 1867	9 S.E. Federal Highway		Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			☐ DELETE	21 TM 22 NW 23 ST 2 4 CM 3.1 TM 3.2 NW 3.3 ST 3.4. CM 4.1 TM 4.2 NM	TY-ST TLE TREET TLE AME TREET TY-ST TLE AME	ADDRESS T-ZIP  ADDRESS T-ZIP	Rube 1867	9 S.E. Federal Highway		Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ DELETE	21 TII 22 NV 23 ST 2 4 CI 3.1 TII 3.2 NV 3.3 ST 3.4. CI 4.1 TII 4.2 N 4.3 ST	TY-ST TILE AME TITE TITE TITE TITE TITE TITE TITE TI	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	Rube 1867	9 S.E. Federal Highway		Change	☐ Addition
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14. I hereby cartify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further cartify 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 path; 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 any address, with all other like empowered.

SIGNATURE: