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 # P98000025249

1. Corporation Name

301 S. MILWEE STREET
LONGWOOD FL 32750
2a. Mailing Address

FILED May 06, 1999 8:00 am Secretary of State 05-06-1999 90038 031 ***150.00

\$ 	681) 86 8 4 86		

301 S. MILWEE LONGWOOD FL		SOI S. MILWEE STREET LONGWOOD FL 32750						
	. veroo	2011011000				DO NOT WRITE IN TH	IIS SPACE	
						3. Date Incorporated or Qualifed		
						03/16/1998	····	
2. Principal P	lace of Business	2a. Mailing Ad	ddress			4. FEI Number 2000 01 9 1	_ 	plied For
21		26				59-3447621		t Applicable
Suite, Apt.	#, etc.	Suite, Apt	. #, etc.			5. Certifcate of Status Desired	\$8.75 / Fee Re	
City & Stat	e	City & Sta	ate			6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added 1	
Zip	Country	Zip		Country		8. This corporation owes the current year	Intangible	′ /
24	25	29	30]		Personal Property Tax.	☐ Yes	1 40
	9. Name and Address of Currer	nt Registered Age	nt			10. Name and Address of New Register	ed Agent	
				81	Name			
	EN, ROBERT C			82	Street A	ddress (P.O. Box Number is Not Acceptable)		
	s. Milwee Street					,		
LON	GWOOD FL 32750			83				
				84	034.1		. 85 Zip (Code
				04	City	F	L 3 2 2 5	0000
office or r	to the provisions of sections	ations of, Section 60	nange was auth 07.0505, Florida	orized by Statutes	tne corpor	orporation submits this statement for the purpose ation's board of directors. I hereby accept the appropriate the purpose accept the appropriate the purpose accept t	pointment as re	gistered
12.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12
TITLE	D		DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	ABSHER, DEBBIE			1.2 NAME				ļ
STREET ADDRESS	301 S. MILWEE STREET			1.3 STREE	TADDRESS			
CITY-ST-ZIP	LONGWOOD FL 32750			1.4 CITY-S	T-ZIP			
TITLE	D] DELETE	2.1 TITLE			Change	☐ Addition
NAME	ABSHER, ROGER			2.2 NAME				1
STREET ADDRESS	301 S. MILWEE STREET			23 STREE	TADDRESS			ļ
CITY-ST-ZIP	-LONGWOOD-FL-32750			-2:4 CtTY-5	ST-ZIP			
TITLE	201,] DELETE	3.1 TITLE			Change	☐ Addition
NAME				3.2 NAME				
STREET ADDRESS				3.3 STREE	TADDRESS			
CITY-ST-ZIP				3.4. CITY-5	ST-ZIP			
TITLE] DELETE	4.1 TITLE			Change	Addition
NAME				4. 2 NAME				
STREET ADDRESS				4 3 STREE	TADDRESS			ľ
CITY-ST-ZIP				4.4 CITY-S	T-ZIP			
TITLE			DELETE	5.1 TITLE			Change	☐ Addition
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREE	TADDRESS			
CITY-ST-ZIP				5.4 CITY-S	T-ZIP			
TITLE			DELETE	6.1 TITLE			Change	☐ Addition
NAME				6.2 NAME				
STREET ADDRESS	1			6.3 STREE	TADDRESS			
CITY-ST-ZIP				6.4 CITY- S	T-ZIP			
							andification that	

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.

SIGNATURE: \