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 #

1. Corporation Name

PALMBAY	/ CENTER @ AIPO, INC.					
Principal Place of Business Mailing Address					I (Idilital sin inini inisi antis datu antis ant	
255 SOUTH ORANGE AVE STE. 1220 ORLANDO FL 32801 255 SOUTH ORANGE AVE STE. 1220 ORLANDO FL 32801						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
						04/13/1998
Principal Place of Business 2a. Mailing Address						4. FEI Nymber Col
21 26					Hopited Not Applicable S8.75 Additional	
Suite, Apt. #, etc. Suite, Apt. #, etc. 22 STE - 1540 27 STE - 1540				5. Certificate of Status Desired Fee Required		
22 5 TE 15 40 27 5 TE - 15 40 City & State City & State				· · · · ·	6. Election Campaign Financing \$5.00 May Be	
23	- Suy a state					Trust Fund Contribution Added to Fees
Zip	Country	Zip		Country	1	This corporation owes the current year Intangible
24	25	29	30			Personal Property Tax. Yes No
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent
WHIDDON, FLOYD JR				81	Name Street Addr	ress (P.O. Box Number is Not Acceptable)
255 SOUTH ORANGE AVE., STE. 1220						STE 1540
ORLANDO FL 32801				83		
				84	City	FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1	508, Florida Statutes,	the abov	e-named corp	
agent. I ar	n familiar with, and accupy the obligation	ons of, Sec	ction 607.0505, Florida	Statutes	3.	on's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, and or printed name of registered and	nd title if app	icable. (NOTE: Re	gistered Age	nt signature require	3 - 22 - 99 ed when reinstating) DATE
12. OFFICERS AND DIRECTORS				13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	President DELETE		1.1 TITLE 1.2 NAME		☐ Change ☐ Addition	
NAME	Floyd Whiddon 1513 Indian Dance Ct					
STREET ADDRESS 1513 Thaian Dance Ci			1.3 STREE	TADORESS		
CITY-ST-ZIP MarHand, FL 32751			1.4 C/TY-5	ST-ZIP		
TITLE			☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME				2.2 NAME		
STREET ADDRESS				2.3 STREE	TADDRESS	
CITY-ST-ZIP	·			2. 4 CITY-	ST-ZIP	Change Addition
·πLE	. = . • • • • •		☐ DELETE	3.1 TITLE	~ ~	Change ☐ Addition
NAME				3.2 NAME	Į.	
STREET ADDRESS	`			i .	T ADDRESS	
C/TY-ST-ZIP				3.4. CITY-	ST-ZIP	☐ Change ☐ Addition
TITLE			☐ DELETE	4.1 TITLE		□ Citalige □ Addition
NAME				4. 2 NAME		
STREET ADDRESS				4.3 STREE	T ADDRESS	

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, with all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ DELETE

☐ DELETE

Change

Change

Addition

Addition

Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90038 025 ***150.00