AMOUNT DUE ON OR BEFORE (99/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750)

CORPORATION

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

## FILED Jul 22, 1999 8:00 am Secretary of State

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		80000349	36		7			
	FERPRISES, INC.							
1,00 6,11	(2,11 (11020) 1110				1 (20) (25) (10) (10) (10)	PEIG EVICE		
							Mari Al III	
Principal Place	of Business	Mallin	g Address		A Lamild bi He (dies (dies editi. 40%)	i Asidi a Britt billi Albia :	raram ttilf filt sasi	
771 S. KIRKMAN STE. 112 771 S. KIRKMAN STE. 112 ORLANDO FL 32811 ORLANDO FL 32811				!				
ORLANDO FL 32	7811	OHLANI	70 PL 32811		DO NOT WRIT	E IN THIS SPACE	<u></u>	_
					3. Date incorporated or Qualified			
					04/15/1998 (4.)FEI Number		14-5-6	1 18
	ace of Business	<del></del> -	illing Address		GFEI NUMBER 59-350	06475	Applied For Not Applicable	-{ III
Suite, Apt.	#, elc.	26	ite, Apt. #, etc.				75 Additional	
22	•	27			Certificate of Status Desired	Fe	e Required	
City & State	,	CH	y & State		6. Election Campaign Financing		00 мау ве	
23	Country	28 ` Zip		Country	Trust Fund Contribution		ded to Fees	
Zip 24	25	29	•	301	<ol> <li>This corporation owes the curre Intangible Personal Property.</li> </ol>	m⊤year ∐Yes	<b>₩</b> No	
		ss of Current Registers	d Agent	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	10. Name and Address of New R	egistered Agent		
11011	EDM/ADD			81 Name	ED HRU			
HRU, EDWARD				82 Street Ad	82 Street Address (P.O. Roy Number is Not Acceptable)			
6450 ROYAL-TERN 87. OBLANDO EL-32810					9(S W. VASSAR ST			
<b>5</b>								
				84 City C	RLANDO	FL  85  3	32304	■ in
11. Pursuant	to the provisions of sast	ons 507,0502 and 607.1	08, Florida Statute	s, the above named corp	oration submits this statement for the pu	pose of changing it	ts registered	<b>20</b> 1515
office or r agent. I a	registered agent endour im familiar with, and acq	en the colligations of, se	ction 607.0505, Fk	rumonzeo ny mie corpora vrida Statutes.	oration submits this statement for the putition's board of directors. I hereby accept	nie appointment a	as registered	를 - · ■ - ·
SIGNATURE .	COXI	Hom 6	SDWAR!	HRU_		7/6/9	79	=
12.	Signature, types or printed name	FFICERS AND DIRECTO		TE: Registered Agent signature n	ADDITIONS/CHANGES TO OFF	ICERS AND DIREC	CTORS IN 12	(5/99)
TITLE	<del></del>		DELETE	1.1 TITLE	PRESEDENT/CHA	CRMMA Chan	nge Addition	
NAME				1.2 NAME	EDWARD HRU 915 W. VASSAR	- 0	P, 5, T	CR2E034
STREET ADDRESS				1.3 STREET ADDRESS		5(	4-4924	N = ::
TITLE		<del></del>		1.4 CITY-ST-ZIP 2.1 TITLE	DRLANDO FL			∤ວັ <sub>≣</sub>
NAME			DELETE	2.2 NAME			ige	<b>=</b>
STREET ADDRESS		•		2.3 STREET ADDRESS			• <u>-</u>	í
CITY-ST-ZIP				2.4 CITY-ST-ZIP				
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STREET ADDRESS			- · · · · · · · · · · · · · · · · · · ·	3.3 STREET ADDRESS 3.4 CITY-ST-ZIF				=
TITLE	<del> </del>		DELETE	4.1 TITLE		Chan	nge Addition	1 -
NAME			_	4.2 NAME				
STREET ADDRESS				4.3 STREET ADDRESS				==
CITY-ST-ZIP				4.4 CITY-ST-ZIP			ge Addition	-
TITLE NAME			DELETE	5.1 TITLE 5.2 NAME		L Chan	Ale FT WORKING!	置数
STREET ADDRESS				5.3 STREET ADDRESS				=
CITY-ST-ZIP			···	5.4 CITY-ST-ZIP				<u> </u>
TILE			DELETE	6.1 TITLE		Chan	ge Addition	1
NAME				6.2 NAME		1	ĺ	<b>10.</b> 03
STREET ADORESS				6.3 STREET ADDRESS				J.
14. I hereby ce	rtify that the information	supplied with this filing de	es not equalify for th	8.4 CITY-ST-ZIP se exemption stated in se	ction 119.07(3)(i), Florida Statutes. I furth	er certify that the in	nformation	] ≣™
indicated of an officer of	n this annual report or s r director of the corpora	upplemental angual received in	It is true and accur sign empowered to	ate and that my signatur execute this report as n	ction 119.07(3)(i), Florida Statules, I furti e shall have the same legal effect as if n equired by Chapter 607, Florida Statutes	nade under cath; th ; and that my name	e appears	
in Block 12	or Block 13 if changed,	or of a attachment will	en address.		1.1.	•		<b>=</b> *
SIGNATI	URE:	SINGLEX	bore C.	JIRED	7/6/99			54 54 54 54 54
J. W. 11	SIGNATURE	AND TYPED OR PRINTED NAM	E OF SIGNING OFFICER	OR DIRECTOR	Dale	Daytime Phone		