

FILED
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90049 019 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name <i>Tiger Creek Inc</i>			
Principal Place of Business <i>2400 Karen Dr. Mt. Dora, FL 32757</i>		Mailing Address	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 <i>Same as above</i>		2a. Mailing Address 26 <i>Same as above</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
Country		Country	
24		29	
25		30	
9. Name and Address of Current Registered Agent <i>Craig S. Pearlman 940 Highland Ave. Orlando FL 32803</i>		10. Name and Address of New Registered Agent 81 Name <i>Craig S. Pearlman</i> 82 Street Address (P.O. Box Number is Not Acceptable) <i>940 Highland Ave</i> 83 84 City <i>Orlando</i> FL 85 Zip Code <i>32803</i>	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE <i>Craig S. Pearlman</i> DATE <i>6-3-99</i>			
(NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>see enclosed</i>	1.2 NAME	<i>Richard V. Ballard</i>
STREET ADDRESS	<i>Registration</i>	1.3 STREET ADDRESS	<i>operations Director</i>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<i>2400 Karen Dr. Mt Dora FL 32757</i>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>CEO</i>	2.2 NAME	<i>Richard V. Ballard</i>
STREET ADDRESS	<i>Cecil E. Ballard</i>	2.3 STREET ADDRESS	<i>operations</i>
CITY-ST-ZIP	<i>2400 Karen Dr. Mt. Dora FL 32757</i>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>SEC - Treasurer</i>	3.2 NAME	<i>Todd J. Ballard</i>
STREET ADDRESS	<i>Jeanne B. Ballard</i>	3.3 STREET ADDRESS	<i>operations</i>
CITY-ST-ZIP	<i>2400 Karen Dr. Mt Dora FL 32757</i>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	<i>2400 Karen Dr.</i>
STREET ADDRESS		4.3 STREET ADDRESS	<i>Mt. Dora FL 32757</i>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Cecil E. Ballard* DATE *5-2-99* 352
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # *735-7213*

CR2E034 (1/98)