## 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

## FILED May 17, 1999 8:00 am Secretary of State 05-17-1999 90076 028 \*\*\*150.00

DOCU 1. Corporation	MENT # P980000358	322						
Petty Green, Inc.						<u>-</u>		
Principal Plac	ce of Business	Mailing Address	20					
2000 West Vine Street P.O. Box 420030 Kissimmee, FL 34741 Kissimmee, FL 34742								
Kissimmee, FL 34741 Kissimmee, FL 3474						DO NOT WRITE IN TH	IIS SPACE	
						3. Date Incorporated or Qualifed		
						4/21/98		1
2. Principal Place of Business 2a. Mailing Address				_		4. FEI Number		Applied For
21						59-3505984		Not Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired		Additional
22 27						3. Certificate of Status Desired	Fee F	Required
<u> </u>	City & State City & State					6. Election Campaign Financing	•	<b>0</b> May Be
23	28					Trust Fund Contribution		to Fees
<u> </u>	Zip Country Zip Cou					8. This corporation owes the current year	c==	□No
24 25 29 30  9. Name and Address of Current Registered Agent						Personal Property Tax.  10. Name and Address of New Registere	X Yes	LING
	9. Name and Address of Current	r Registered Agent	81	1	Name	10. Name and Address of New Registers	a Agent	
Karen	Petty		82					
2000 V	2000 West Vine Street				Street Addres	ss (P.O. Box Number is Not Acceptable)		
Kissimmee, FL 34741				i -				
	·			_				
8					City	F	L 85 Žip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above					amed corpor	ration submits this statement for the purpose	of changing it	ts registered
office or	registered agent, or both, in the State of am familiar with, and accept the obligat	of Florida. Such change was au	ithorized by	/ the	e corporation	's board of directors. I hereby accept the ap	oointment as i	registered
_		ions or, section our oscu, mor	iua Statutes	э,				1
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE:	Registered Age	nt siç	ignature required v	when reinstating) DATE		
12.	OFFICERS ANI	D DIRECTORS	13.	_		ADDITIONS/CHANGES TO OFFICERS		
TITLE	P	DELETE	1.1 TITLE				Change	Addition
NAME	bonara k. di cen		12 NAME	12 NAME				
STREET ADDRESS	s 2000 West Vine Street		1.3 STREET ADDRESS		DORESS			
CITY-ST-ZIP	Kissimmee, FL 34741			14 CITY-ST-ZIP				- Addising
TITLE	- u		2.1 TITLE				☐ Change	Addition
NAME								
STREET ADDRESS	Lood Best Title Server				DDRESS			l
CITY-ST-ZIP	Kissimmee, FL 34741			2.4 CITY-ST-ZIP			Change	Addition
TITLE	_		II	3.2 NAME			Criange	, Lindadon
NAME	1000568		3.3 STREET ADDRESS		200000			İ
STREET ADDRESS	1			3.4. CITY-ST-ZIP				
CITY-ST-ZIP TITLE				4.1 TITLE			Change	Addition
			4. 2 NAME				_ v	_
NAME     STREET ADDRESS	DRESS		4.3 STREET ADDRESS		IDDESS			
				4.4 CITY-ST-ZIP				j
CITY-ST-ZIP TITLE			5.1 TITLE				☐ Change	Addition
NAME			5.2 NAME					-
STREET ADDRESS			5.3 STREE	TAD	DORESS			
CITY-ST-ZIP				ST-ZI	JP			
TITLE		☐ DELETE	6.1 TITLE				☐ Change	Addition
NAME			6.2 NAME					
STREET ANDRESS			63STREE	TAD	DORESS			

64 CITY-ST-ZIP

SIGNATURE:

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. 4-28-99