PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000036619

VALDEZ & NACCARATO, P.A.

Principal Place of Business Mailing Address			1			
128 E LIVINGSTON ST	128 E LIVINGSTON ST					
ORLANDO FL 32801 ORLANDO FL 32801				DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed		
				04/21/1998		_
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
				59-350-8173	 	t Applicable
21	Suite, Apt. #, etc.				\$8.75 A	
Suite, Apt. #, etc.	27	:		5. Certificate of Status Desired	Fee Re	
City & State	City & State			6. Election Campaign Financing	\$5.00	May Re
- ¬ '	(28)			Trust Fund Contribution	Added to	
Zip Country	Zip	Count	īv	8. This corporation owes the current year in	ntangible	
24 25	29	30	•	Personal Property Tax.	∐ Yes ∑	QNo
9. Name and Address of Cur		_ '30 ;		10. Name and Address of New Registered	l Agent	
9. Hante and Address of Car	TOTAL RUGINSON OF STREET	8	Name			
NACCARATO, GINA N		L				
128 E LIVINGSTON ST ORLANDO FL 32801		8	Street Add	dress (P.O. Box Number is Not Acceptable)		
		la la	13		-	
		ľ				
		8	24 City	F.	85 Zlp C	ode
		L		poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoint		
SIGNATURE Signature, typed or printed name of registered	agent and title if applicable. (NOT	E: Registered Ac	pent signature requir			
*	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	NO DIRECTO	RS IN 12
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14. I hereby certify that the information supplied with this filling 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

61 DDE

6.2 NAME

SIGNATURE: _2

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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☐ DELETE

04/08/99

(407)650-3888

Change

Addition

FILED Apr 14, 1999 8:00 am Secretary of State

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