PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Jun 08, 1999 8:00 am Secretary of State 06-08-1999 90010 007 ***550.00

00.00.000	MENT # P98000 ERVICES, INC.)04292 	8 						
Principal Place	e of Business	Mailing Add	dress	-					
1911 TAFT-VINE	ELAND ROAD	1911 TAFT-V	VINELAND ROA	ND OIL					
ORLANDO FL		orlando f	FL			DO NOT W	DITE IN THIS	SPACE	
co co						DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed			
							eu		
						05/12/1998		1 14-	plied For
	lace of Business	2a. Mailing	Address			4. FELNumber	ハつ	<u> </u>	
21		26				101 55	0 ,	\$8.75	t Applicable
Suite, Apt.	#, etc.	_	Apt, #, etc.			5. Certifcate of Status Desired		ېور.757 Fee Re	
22		27					·		<u> </u>
City & Stat	te	City & S	State			6. Election Campaign Financia	^{rg}	\$5.00 Added	
23		28				Trust Fund Contribution			O Fees
Zip	Country	Zip		Cour	ntry	8. This corporation owes the o	urrent year int	angibie □Yes	□No
24	25	29		30		Personal Property Tax. 10. Name and Address of Ne	Bealstored		
	9. Name and Address of Curre	nt Registered Ag	gent		B4 Name	10. Name and Address of No	w registered	Agent	
					81 Name				
	FEY, LYNN			ľ	82 Street Add	ress (P.O. Box Number is Not Acce	eptable)		
	1 TAFT-VINELAND ROAD								_ _
ORL	ANDO FL			i	83				
				1	84 City			85 Zip (Code
				1	u-i cui		FL	_ []	
11. Pursuant	to the provisions of Sections 607.05	02 and 607 1508,	Florida Statu	tes, the ab	pove-named cor	poration submits this statement for	the purpose of cept the appoi	changing its intment as re	registered gistered
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607.05 registered agent, or both, in the Statern familiar with, and accept the solid	ery and the New Cable	(NOT		pove-named cor by the corporat ites.	red when reinstating)	the purpose of cept the appoi	<u></u>	
	Signature, typed or printed name of registered ag	XXXXX	(NOTI	E: Registered	Agent signature requi		the purpose of cept the appoi	ND DIRECTO	ORS IN 12
SIGNATURE	Signature, typed or printed name of registered ag	ery and the New Cable	(NOT	E: Registered	Agent signature requi	red when reinstating)	the purpose of cept the appoi	<u></u>	
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DAVAME OF SIGNING OFFICER OR DIRECTOR