PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 14, 1999 8:00 am Secretary of State 03-14-1999 90034 043 ***150.00

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Principal Place	e of Business	Mailing Address				•
1920 BENTLEY		1920 BENTLEY BLVD. Kissimmee Fl. 34741				
KISSIMMEE FL	3474)	MISSIMMEE PL 34741		DO NO	T WRITE IN THIS SPACE	
				3. Date Incorporated or Q	ualifed	
				04/14/1998		
2. Principal Pl	lace of Business	2a. Mailing Address	1121011	4. FEI Number	~	Applied For
21 (000)	thacter the	38 KO 100 K	49104	0 54-3010		Not Applicable
Suite, Apx.	C/-	Suite, Apt. #, etc.		5. Certificate of Status Des	ت ا احمد ا	5 Additional Required
City & State		City & State		6. Election Campaign Fina	• 11	O May Be
23 11 155	mmee 71_	28 KISSIMM	ee Th	Trust Fund Contribution		ed to Fees
Zip	Country	20 717 5		8. This corporation owes t	he current year intengible Yes	□No
14 34 14	+ 25 UST		io USVIT	Personal Property Tax. 10. Name and Address of		
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Maine and Address Of	149# 149Bibrates higher	
GON	IZALEZ, MARGARET					
4996	PRENTIEV-RIVO- 14)	1 molando 1	82 Street A	ddress (P.O. Box Number is Not i	Acceptable)	
KISS	SIMMEF FI 34741	MICEGINAL F	10e 83			
Med	SIMMEE FL 34741 KIN	6. JOH 3474	(🖺			
	* ***	5. 1 70 5	84 City	•	FL 85 Z	ip Code
44 D.	to the pendions of Sections 507 050	2 and 607 1508 Florida Statutes	the above-named o	corporation submits this statement	for the purpose of changing	its registered
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State of familiar with, and accept the obligations.	of Florida, Such change was au	thorized by the corpo	ration's board of directors. I hereb	y accept the appointment as	registered
agent. I a	im familiar with, and accept the obliga	Mons of, Section BUY. USUS. Expr	ua stainiara	$\cdot \rangle \rangle \langle \langle \langle \langle \rangle \rangle \rangle \langle \langle \langle \rangle \rangle \rangle$	2/8F9	•
SIGNATURE	Signature, types or project name of registered ager		4 1	11 011 1		
		nt and title if applicable. (NOTE: I	legistered Agent signature re	guired wheel reunstaturg)	DATE	
12.		nt and bite of applicable. (NOTE: I ID DIRECTORS	legistered Agent signature re 13.	DDITIONS/CHANGES	TO OFFICERS AND DIREC	TORS IN 12
12. TITLE				guired what reunstature) ADDITIONS/CHANGES		TORS IN 12
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Increase certify that the intormation supplies with its finite and accurate and that my signature shall have the same legal effect as if made under eath; 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:

SIGNATURE AND TYPED OR PRINTED NAM