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

DOCUMENT # P98000044834

1. Corporation Name

LINDA TIGHE ENTERPRISES, INC.

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90099 011 ***150.00



320 Finicipal Pince of Buyeress 320				{	113 BOURT ORALL OFOLD OF	66) 10 10 	
ASSAMME E. 1. 4444 ARSAMME E. 1. 4444 ARSAMME E. 1. 4444 APPROVED TO BUNDONS OF DEVELOPE AND THE SPACE 2. Principal Place of Buyeness 31 J. 3. Date Incorporated or Qualified 05/15/1998 4. FEI Number 5. Certificate of Sighus Desired 6. Election Campaign Financing 7. County 7. Co	Principal Place of Business	Mailing Address		1			
3. Date Incorporated or Qualified 2. Principal Place of Sugness 3. Date Incorporated or Qualified 5. 15.11998 2. Principal Place of Sugness 3. Date Incorporated or Qualified 5. 15.11998 3. Applied For 3. State 3. Date Incorporated or Qualified 5. State 4. FER Number 5. State 5. Certificate of Status Desired 5. State 5. Certificate of Status Desired 5. Certificate of Status Desired 5. State 5. Certificate of Status Desired 6. Election Campaign Financing 7. State 7. Country 7. Date Country	10207 RIO GRANDE TRAIL						
2. Principal Place of Buyiness 11 28 5 2	KISSIMMEE EL 34741	KISSIMMEE FL 34741		DO NOT WRI	TE IN THIS SPAC	CÉ	
2. Malling Address & State S	به چنسه د د د	`					
2. Principal Place of Buyiness 2a. Mailing Address 38.53 Burupu Circle 5935./78.// Not Applicable Sults, Ap. H., etc. S. Cartificate of Status Desired S8.75 Additional Foo Required S5.00 May Be Added to Fens Sults Su							
Substitute Sub	2. Principal Place of Rueiness	2a Mailing Address				Appli	ed For
Surie, Apt. 6, etc. Surie, Apt. 6, etc.	\neg sice γ P_1,\ldots,P_r	.† N⊢¬ ~ā~~ D	Minus Circle	59-35/78/4			
27 Clip State 27 County 28 Check State Clip	21 28 5 2 rungon a		nyou area	3, 33, 7	\$8		
Country Tay State Taylor State Taylor State Taylor State Taylor State Taylor Trust Fund Contribution St. 40 May Be Added to Fees Taylor Trust Fund Contribution Fund Contribut		— <u> </u>	•	5. Certifcate of Status Desired	1 1		
Trust Fund Contribution Added to Fees	City & State			6 Flortion Campaign Financing	•	5 00 M	av Be
20 20 20 20 20 20 20 20			v. Fl		1 1		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Signet Address P.O. Box Number is Not Acceptably) 13. Pursuant to the provisions of Sections 607,0002 and 607,1508. Florida Statutes, the above-named exporation submits this statement for the purpose of changing its registered agent, are familiar with, and accept the obligations of, Section 607,0002 and 607,1508. Florida Statutes, the above-named exporation submits this statement for the purpose of changing its registered agent, are familiar with, and accept the obligations of, Section 607,0005. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, are familiar with, and accept the obligations of, Section 607,0005. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, are familiar with, and accept the obligations of, Section 607,0005. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,0005. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,0005. Florida Statutes, the above-named corporations submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,0005. Florida Statutes, the above-named corporations submits this statement for the purpose of changing its registered agent. I am familiar with and accept the obligations of, Section 607,0005. Florida Statutes, the above-named corporations submits this statement for the purpose of changing its registered agent. I am familiar with a decidency of changing its registered agent. I am familiar with a decidency of changing its registered agent. I am familiar with a d			Country		ent vear Intangib	le	·····
9. Name and Address of Current Registered Agent TIGHE, LINDA			7 70 4	•]No
TICHE, LINDA 300 TRIO GRANDE-TBAIL LISSIMMEE FL 34741 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 agent. J comment of the purpose of the pu			<u> </u>		Registered Agen	t ·	
TIGHE, LINDA -3207 RIO GRANDE-TRAIL	9. Name and Address of Cur	Tellt Registered Agent	81 Name				
### State of Process of Sections Set Ones Settlement 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 agent, or both, in the State of Florida Such change was authorized by the corporation's buthout this statement for the purpose of changing its registered agent, are familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. ### City Out out 1	TIGHE, LINDA			W83		-	
### City Out of FL 85 Zin Code of City Out of FL 85 Zin Code of City Out of FL 85 Zin Code of City Out		•	82 Street Addi	ress P.O. Box Number is Not Accept	able)		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE OFFICERS AND DIRECTORS 11. TITLE 12. TITLE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME 13. STREET ADDRESS CITY-51-2P TITLE 13. OFFICERS AND DIRECTORS IN 12 14. CITY 51-2P 15. TITLE 10. DELETE 13. TITLE 14. CITY 51-2P 14. CITY 51-2P 15. TITLE 15. Change 15. Addition 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. TITLE 15. TIT			2000	Kuryon ca			
1. Pursuant to the provisions of Sections 607 0502 and 507.1508, 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, and tamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature Signature, byped or princed name of registered agent and their registered agent aim of the purpose of change Addition	-MISOIMIMEL I L OTITY		63	•			
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 registfied 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 and marked in a control to obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature			84 City / 1	0 0	85	Zip Co	de
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. The leaf year, and accept the obligations of yearlon 87.0505. Florida Statutes. SIGNATURE			3	llando			837
Agent. I am familiar with, and accept the obligations of, Section 607.0505, Fiorinca statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12.	11. Pursuant to the provisions of Sections 607.)502 and 607.1508, Florida Statutes.	, the above-named corp porized by the corporation	poration submits this statement for the on's board of directors. I hereby acce	purpose of chang ot the appointmen	ging its re it as regis	gistered (
Signature, Speed or printed names of registroned spent and tells if applicables. Note: Registrated Agent signature inequired when interestation; CALE	agent. I am familiar with, and accept the obl	ligations of, Section 607.0505, Florid	a Statutes.	• · · · · · · · · · · · · · · · · · · ·		·	
Signature, Speed or printed names of registroned spent and tells if applicables. Note: Registrated Agent signature inequired when interestation; CALE	SIGNATURE						
TITLE	Signature, typed or printed name of registered	agent and title if applicable. (NOTE: Re	egistered Agent signature require				
12 NAME	12. OFFICERS		13.	ADDITIONS/CHANGES TO OF			
STREET ADDRESS STRE	TITLE Pres, Seresta	→ □ DELETE	1.1 TITLE		L)(Change	☐ Addition
CITY-ST-ZP	NAME Linka Tight	22 0	1.2 NAME				ľ
TITLE	STREET ADDRESS 2852 Regular	n Cercle	1.3 STREET ADDRESS				1
TITLE	CITY-ST-ZIP Orlando 7	L 32837	1.4 CITY-ST-ZIP				
STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		DELETE	.2.1 TITLE		- . □(Change	☐ Addition
STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP	NAME		2.2 NAME				
CITY-ST-ZIP	l		2.3 STREET ADDRESS				
TITLE							ļ
NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE A.3 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE A.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE A.4 CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE A.4 CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE A.4 CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE A.4 CITY-ST-ZIP Change Addition Addition Addition Addition Addition Addition Addition ADDRESS CITY-ST-ZIP		☐ DELETE	4			Change	Addition
STREET ADDRESS		_					ľ
STREET ADDRESS STRE							ļ
NAME			••••				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE S.1 TITLE S.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE S.3 STREET ADDRESS CITY-ST-ZIP TITLE S.4 CITY-ST-ZIP TITLE S.5 STREET ADDRESS CITY-ST-ZIP TITLE S.6 STREET ADDRESS CITY-ST-ZIP TITLE S.7 NAME S.8 NAME S.8 NAME S.9 NAME S.9 NAME S.9 NAME S.9 NAME S.9 NAME		□ nelete			<u></u>	Change	Addition
STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		- OFTEIE			O.		
CITY-ST-ZIP 4.4 CITY-ST-ZIP ITILE Change Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME 6.2 NAME	NAME						
TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME </td <td>STREET ADDRESS</td> <td></td> <td>1</td> <td></td> <td></td> <td></td> <td></td>	STREET ADDRESS		1				
NAME	CITY-ST-ZIP					Chance	☐ Addisio=
5.3 STREET ADDRESS	TITLE	☐ DELETE			ינו	ыange	☐ waanou
5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP Change Addition Addi	NAME			•			
TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME	STREET ADDRESS						
NAME 6.2 NAME	CITY-ST-ZIP						
NAME AND STATE OF THE STATE OF	TITLE	☐ DELETÉ	6.1 TITLE			Change	☐ Addition
A A ANDREY LINDREAD	NAME		6.2 NAME				
	STREET ADDRESS		6.3 STREET ADDRESS				,

6.4 CITY-ST-ZIP 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 of 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 any attachment with an address, with all other like empowered.

SIGNATURE: *

Mark 17,99 251-9485