Applied For

Fee Required \$5.00 May Be

Not Applicable \$8.75 Additional

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 # P98000045743

Principal Place of Business	Mailing Address		
22 WEATHERSFIELD AVE. N. LTAMONTE SPRINGS FL 32714	122 WEATHERSFIELD AVE. N. ALTAMONTE SPRINGS FL 32714		
¬ `	2a. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
2. Principal Place of Business 11 Suite, Apt. #, etc. 12 City & State	26		

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90005 048 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

59-3512232

05/18/1998 4. FEI Number

City & State City & State		6. Election Campaign Financing \$5.00 May Be
28		Trust Fund Contribution Added to Fees
Zip Country Zip	Country	8. This corporation owes the current year Intangible
25 29 :	30	Personal Property Tax. ☐ Yes ☐ No
Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
ANDERGON LADDY O	81 Name	
ANDERSON, LARRY C	82 Street A	ddress (P.O. Box Number is Not Acceptable)
2941 W. ST RD. 434, SUITE 100		
LONGWOOD FL 32779	83	
	84 City	85 Zip Code
	O4 City	FL S Z F COURT
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute: office or registered agent, or both, in the State of Florida. Such change was au agent. I am familiar with, and accept the obligations of, Section 607.0505, Flori 	thorized by the corpor	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
IGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: I	Registered Agent signature reg	nuired when reinstating) DATE
Signature, typed or printed name of registered agent and little if applicable (NOTE) 2. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TLE D DELETE	1.1 TITLE	☐ Change ☐ Addition
BOOTY-CANATAY, LYNDA	1.2 NAME	
400 WEATHERSCHILD AVE N	1.3 STREET ADDRESS	
ALTAMONTE CODINCE EL 20714	1.4 CITY-ST-ZIP	
C per ere	2.1 TITLE	☐ Change ☐ Addition
	2.2 NAME	
WE .		
REET ADDRESS .	2.3 STREET ADDRESS	
TY-ST-ZIP DELETE	2.4 CITY-ST-ZIP	☐ Change ☐ Addition
	3.1 TITLE	Country Country
ME .	3.2 NAME	
REET ADDRESS	3.3 STREET ADDRESS	
TY-ST-ZIP	3.4. CITY-ST-ZIP	☐ Change ☐ Addition
TLE DELETE	4.1 TITLE	
ME .	4. 2 NAME	
REET ADDRESS	4.3 STREET ADDRESS	
TY-ST-ZIP	4.4 CITY-ST-ZIP	
TLE DELETE	51 TITLE	☐ Change ☐ Addition
ME.	52 NAME	
REET ADDRESS	5 3 STREET ADDRESS	
TY-ST-ZIP	5.4 CITY-ST-ZIP	
TLE DELETE	6.1 TITLE	☐ Change ☐ Addition
AME.	6 2 NAME	
REET ADDRESS	6.3 STREET ADDRESS	
	6.4 CITY-ST-ZIP	
TY-ST-ZIP 4. I hereby certify that the information supplied with this filing does not qualify for	1	

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.