FILE	E NOW: FILING	G FEE AF	TER MAY 1ST IS	\$550.00		APPROVED	
COF ANNU	PROFIT RPORATION UAL REPORT 1999		Katherir Secretary	TIMENT OF STAT 10 Harris y of State CORPORATIONS	E	99 OCT 26 PM 4: 12	
DOCU 1. Corporation	MENT # P		048280 ORATED	···		SECHETARY OF STATE TALLAHASSEE, FLORIDA	
			•]	
Principal Place 209 FARRINGTO KISSIMMEE FL	ON LANE		Mailing Address 209 FARRINGTON LANE KISSIMMEE FL 34744			5-10-99 90091-041 DO NOT WRITE IN THIS SPACE 158 3. Date Incorporated or Qualified	; ; ,
2. Principal P	Place of Business		2a. Mailing Address			05/26/1998 4. FEI Number Applied For	1
5728 Suile, Apt.	Major Blve	d	26 P.O. Box 6 Suite, Apt. #, etc.	91239		59-35 4870 Not Applicable 88.75 Additional	1
22 256 City & Stat	te		City & State			Certificate of Statue Desired Fee Required S. Election Cempaign Financing S.00 May Be	ļ
Orlai		~	28 Orlando, F	L Country		Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible	- 1
Z _{ip} 3281	9 25 US		29 32869	30 USA		Personal Property Tax. Yes No. 10. Name and Address of New Registered Agent	
PAC	HECO, OSCAR PHIL			81 Nam	16		
209	FARRINGTON LANE			82 Stree	el Addre	ss (P.O. Box Number is Not Acceptable)	
KiSS	SIMMEE FL 34744			83			- [
				84 City		FL 85 Zip Code	
office or re agent. I as SIGNATURE	Signature, typed or printed nem	e of regulared agent e	nd stile if applicable. (NOTE: I	thorized by the cor da Statules. Registered Agent agnetu		ration submits this statement for the purpose of changing its registered is board of directors. I hereby accept the appointment as registered when renations) DATE	6
12. TITLE	D	OFFICERS AND	DIRECTORS DELETE	13. 1.1 DTLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	?
NAME STREET ADORESS	PACHECO, OSCAF 209 FARRINGTON KISSIMMEE FL 347	LANE		1.3 STREET ADDRES	is	Change Dadding	T CENSE
Crivisti <i>ti</i> p Title	NOOMMLE PE SV		DELETE	1.4 C/TY-ST-ZIP 2.1 TITLE	╁┈╴	Change Addition	5
name Street address				2.2 NAME 2.3 STREET ADDRES	is		
OTY-ST-ZIP			DELETE	2.4 C/TY-ST-ZIP		□ Change □ Addition	1
TITLE NAME			D pereie	3.1 TITLE - 3.2 NAME		Double Chemin	
STREET ADDRESS CITY-5T-2IP				3.3 STREET ADDRES 3.4. CITY-81-ZIP	*		
PIFLE NAME			☐ DELETE	4.1 TITLE 4.2 NAME		Change Addition	
STREET ADDRESS				4.3 STREET ADORES	s s	ì	į
CITY-ST-ZIP T/TLE			☐ DELETE	4.4 CITY-81-2IP 5.1 TITLE		☐ Change ☐ Addition	
NAME				52 HAME	_		
STREET ADDRESS CITY-ST-ZIP				8.3 STREET ADDRES 8.4 CITY-\$1-ZIP	3		
TILE			DELETE	8.1 WILE		Therefor Deposion	
NAME STREET ADORESS				6.2 NAME 8.3 STREET ADDRES	s	/ II/LIA	
CITY-ST-ZIP				6.4 CITY-8T-ZIP			
14. I hereby of indicated i	certify that the information this annual report or	on supplied with supplemental ar	his filing does not qualify for i	the exemption state ate and that my sig	ed in Se	ction 119.07(3)(i), Florida Statutes. I further certify that the Normation shall have the same legal effect as if made there exit; that I am an od by Chapter 607, Florida Statutes; and that my name appears an	
Block 12 c	or Block 13 if changed,	or on an abachin	ent with an address, with all o	other like empower	s require red.	ra by omepher our, incrine statutes; and mat my hame appears at	_=: \:
SIGNAT	URE: 🔉 🗶	1	Tullo Yalin.	Oscar P	Killio	Archeco 4/20/85 (407) 226-188) iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii
	MEHATUR	E AND TYPED OF PR	INTED NAME OF SIGNING OF FICE OF	R DIRECTOR		Date Daylime Pilons il	=-