PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Apr 27, 1999 8:00 am Secretary of State 04-27-1999 90201 035 ***150.00

DOCUMENT # P98000051709

Corport tion Name

Principal P acc		Mailing Address									
12681 NEWFIELD DRIVE POST OFFICE BOX 770568 ORLANDO FL 32837 ORLANDO FL 32877-0568			8								
ONEMICO IE	2007	• • • • • • • • • • • • • • • • • • • •					DO NOT WE		SPACE		
ı						3. Date Incorp	orated or Qualifed 98	1		ļ	l
2. Principal Place of Business		2a. Mailing Address			4. FEI Number			Ap	r lied For		
					1 <u>5</u> 6	<u>1-351</u>	756%		t Applicable		
Suite, Act. #, etc.		Suite, Apt. #, etc.			5 Certifo ate of	Status Desired		\$8.75			
22		27							Fee Re		
City&_Stat	е	City & State			_		mpaign Financing		\$5.00 Added t		
23		28		intry		Trust f und					l
⊢—, ^{Zip}	Cour try	Zip	30	icati y		8. Inis compora	ation owes the cu	Heik year 11	Yes	No	
24	9. Name and Address of Curre	nt Registered Apent	1301				Address of New	Registered		·	
	5. Name and Address of Curre	in troglate.		81	Name	· ·					
JOH	n, vincent alexis			82	Etropt Acc	iress (P.O. Box Nun	her is Not Accer	table)			ı
12681 NEWFIELD DRIVE				**	Stiear At (JIESS (F.O. DOX NUII	1061 13 1101 71000				
OI7L	ANDO FL 32837			83							
				84	City				85 Zip (xde	
) l				FL	<u> </u>		
	to the provisions of Sections 607.056 registered agent, or bo h, in the State im familiar with, and accept the obligations.					poration submits this tion's board of cirect	s statement for th ors, I hereby acc	e purpose or opt the appoi	ntment as re	g stered	
SIGNATURE	Signature, typed or printed name of registered age	not and title if applicable (NOT	: Registered	l Aceni	signature requi	red when remetating)		DATE	 -		â
12.		NE DIRECTORS	13.			ADDITIONS/	CHANGES TO O	FFICERS (I			(11/98
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NAME	Vincent Alexis Joh	11/	12 N	AME	1						F034
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i .		☐ DELETE	52 N 53 S	AME TREET TY-ST					☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP			52 N 53 S 54 C 6,1 T 62 N	AME TREET TY-ST TILE AME	1 - ZVP					☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE			52 M 53 S 54 C 61 T 62 N 63 S	AME TREET TY-ST TILE AME	TADDRESS			-		☐ Addition	

14. I hereby certify that the information supplied with this filling ober not qualify for the exemption stated in Section 119.07/33(i), Florida Statutes, I further cirtify that the information indicated on this annual report or supplemental annual eport 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 receive por mustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 1.2 or Block 13 if changed, or on an affair ment with a paddress, without other like empowered.

CITY-ST-ZIP

E DF SIGNING OFFICES OR DIRECTOR