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 # P98000052593

1. Corporation Name

BUSINESS PARTNERS OF CENTRAL FLORIDA, INC.

Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90056 024 ***150.00



Principal Plac	e of Business	Mailing Address			***************************************					
2269 GRAND T	REE COURT	P.O. BOX 953182								
LAKE MARY FL 32746		LAKE MARY FL 32895-3182			DO NOT WRITE IN THIS SPACE					
				-	3. Date ir corporate			OUTHOL]
					06/11/1998					
2. Principa F	Place of Business	2a. Mailing Address			4. FEI Number	10	1	Ar	pplied For	1
21 P.D	Box 953182	26 P.O. Box 953182		;	59-35	8716	1	No	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Sta	tus Desired		•	Additional	
22		27						Fee Re		
City & Stat	to maril El	City & State			6. Election Campaign Financing Trust Fund Contribution			•	\$5.00 May Be Added to Fees	
23 LUL Zip 32.7	e Mary FL 95-3182 country	28 Late Mary	Country		This corporation		rroot voor l	•	ic rees	1
210 Jay	Sominale	29 32795-3182,30		12	Personal Prope		ireni year i	Yes	1500	
· · · · · ·	9. Name and Address of Current				0. Name and Add		Registere	d Agent	<i>+</i>	1
			81 Name		te, Mar	<u>Uni</u>				
WHI	82 Street Acdress (P.O. Box Number is Not Acceptable)							1		
	9 GRAND TREE COURT	1451			Crocus	Ct	,			
LAK	E MARY FL 32746		83							
			84 City		1			85 Zip	Code_	1
			1.0		<u> </u>		F	∟ 3a	7 <u>150</u>	
11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State c	and 607.1508, Florida Statutes, f	the above-named or prized by the corpo	ccrporal oration's	tion submits this state board of cirectors.	tement for the Lhereby acce	e purpose : ept the app	of changing its pintment as re	registered g stered	
agent. I a	im familiar with, and accept the obligati	ons of, Section 607.0505, Florida	Statutes.			•				
SIGNATURE	Signature, typed or printed na ne of registered agent	THE WALLEST PROPERTY OF THE PR	istered Agent signature re	nou red who	en reinstation		DATE			؍ ا
12.	OFFICERS ANI		13.	<u> </u>	ADDITIONS/CHA	NGES TO O		ND DIRECTO	OF S IN 12	عُ ا
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TITLE	D	☐ DELETE	2.1 TITLE			ا با ام	١	Change	Addition	'
NAME	WHITE, MICHAEL W		2.2 NAME		ite mich		,	/		
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STREET ADDRESS			I							1

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 corpora ion or the receiver or trustee empowered to execute this report as recuired 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: