

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999
DOCUMENT # P98000052974
Corporation Name
CORPORATION INTERNATIONAL



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 01, 1999 8:00 am
Secretary of State
09-01-1999 90005 023 ***558.75



Place of Business
DOUGLAS AVE
SPRINGS FL 32714

Mailing Address
516 DOUGLAS AVE
ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

Principal Place of Business
1020 OCOEE-APOPKA RD
Suite, Apt. #, etc.
City & State
APOPKA FL
Zip
32703

2a. Mailing Address
1020 OCOEE-APOPKA RD
Suite, Apt. #, etc.
City & State
APOPKA FL
Zip
32703

3. Date Incorporated or Qualified 06/12/1998	
4. FEI Number 59-3466795	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent
FITZPATRICK, MARTIN A
314 N CALHOUN ST
TALLAHASSEE FL 32301

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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 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. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
OFFICERS AND DIRECTORS		
<input type="checkbox"/> DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	1.2 NAME	
	1.3 STREET ADDRESS	
	1.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	2.2 NAME	
	2.3 STREET ADDRESS	
	2.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	3.2 NAME	
	3.3 STREET ADDRESS	
	3.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	4.2 NAME	
	4.3 STREET ADDRESS	
	4.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	5.2 NAME	
	5.3 STREET ADDRESS	
	5.4 CITY-ST-ZIP	
<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	6.2 NAME	
	6.3 STREET ADDRESS	
	6.4 CITY-ST-ZIP	

C SCHAEFLEIN, PETER F.
1685 Smoke Tree Circle
APOPKA FL 32712

D POWELL, JAMES
572 MOONBEAM DR.
APOPKA FL 32712

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 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.

SIGNATURE: [Signature] SIGNATURE REQUIRED
Date: 7/9/99 Daytime Phone #: 407-682-7661

CR2E034 (5/99)