

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



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

DOCUMENT # P98000052974
 Corporation Name

CORPORATION INTERNATIONAL



Place of Business
 DOUGLAS AVE
 SPRINGS FL 32714

Mailing Address
 516 DOUGLAS AVE
 ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business 1020 OCOEE-APOPKA RD Suite, Apt. #, etc.		2a. Mailing Address 1020 OCOEE-APOPKA RD Suite, Apt. #, etc.	
City & State APOPKA FL	Country US	City & State APOPKA FL	Country US
Zip 32703	25	Zip 32703	30

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		

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	FL
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. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
	1.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	1.3 STREET ADDRESS	C. SCHAEFLEIN, PETER F.
	1.4 CITY-ST-ZIP	1685 Smoke Tree Circle
	2.1 TITLE	APOPKA FL 32712
<input type="checkbox"/> DELETE	2.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	2.3 STREET ADDRESS	D. POWELL, JAMES
	2.4 CITY-ST-ZIP	572 MOONBEAM DR.
	3.1 TITLE	APOPKA FL 32712
<input type="checkbox"/> DELETE	3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	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	

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 7/9/99 407-682-7661
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)