PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

May 01, 1999 8:00 am Secretary of State

05-01-1999 90072 034 ***150.00

	Y, INC.				
			_{	HARI BANDI BANI BADAN B	PRINT I DIN JOHN
Principal Place of Business	Mailing Address				
9810 E COLONIAL DR	9810 E COLONIAL DR				
ORLANDO FL 32817 ORLANDO FL 32817			DO NOT WRITE IN TH	HIS SPACE	
•			3. Date Incorporated or Qualifed]
•			06/19/1998		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Apr	olied For
¬ '	26 P.O. By 6775	75	59-35/9379	<u> </u>	Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 A	
22	27 ORCANDO	FL.	5. Certificate of Status Desired	Fee Red	quired
City & State	City & State		6. Election Campaign Financing	\$5.00 !	Mav Be
23	28		Trust Fund Contribution	Added to	, ,
Zip Country		Country	8. This corporation owes the current year		/
24 25	29 32567-7515 30	USA	Personal Property Tax.	☐ Yes	No.
9. Name and Address of Current			10. Name and Address of New Register	ed Agent	
	<u> </u>	81 Name			
AMSLER, LOUIS B 8438 MARGARITA DRIVE		82 Street Addre	82 Street Address (P.O. Box Number is Not Acceptable)		
		Juest Addit	Street Address (P.O. Box Nulliber is Not Acceptable)		
ORLANDO FL 32817		83		-	
		101		85 Zip C	'ode
•		84 City	F	85 Zip C	,000
11. Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, th	ne above-named corpo	oration submits this statement for the purpose	of changing its	registered
office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation	if Florida. Such change was aufhori	ized by the comoratic	on's board of directors. I hereby accept the ap	pointment as reg	jistered
agent, i am rainmar with, and accept the obligation	ons of, section our coos, monda c	3(8)(0)(63.			
7		•	-4-28 -	29	
SIGNATURE		tered Agent signature required	d when reinstating) DATE	99_	
_7	and title if applicable. (NOTE: Regist		when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	
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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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: