02181999-90010-029-\$150.00-\$150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CÓF ANNU	PROFIT CORPORATION ANNUAL REPORT 1999 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS				99 MAR -8 PM 2: 15	
DOCU 1, Corporatio	MENT # P98000	055786				
PACIFIC	FLORIDA, INC.				TALLAHESSEE FLORINA	
Principal Plac		Mailing Address				
8001 BRICK COURT SUITE 202 6001 BRICK COURT SUITE WINTER PARK FL 32792 WINTER PARK FL 32792					DO NOT WRITE IN THIS SPACE	
					3. Date incorporated or Qualified 06/23/1998	}
2. Principal Place of Business 2s. Mailing Address					4. FE Number Applied For X Not Applieable	1:
Suite, Apt. N, etc. Suite, Apt. #, etc.					5 Certificate of Status Desired C \$8.75 Additional	1:
Cry & State Chy & State					Fee Required . 6. Election Campaign Financing \$5.00 May Be	=====
Zip	Country	Zip Country			Trust Fund Contribution Added to Fees	4
ผ	25	29	30	,	8. This corporation owes the current year Intengible Personal Property Tax.	
	9. Name and Address of Currer	nt Registered Agent	101		10. Name and Address of New Registered Agent]
LAW FAMILY INVESTMENTS, INC.						
6001 BRICK COURT SUITE 202 WINTER PARK FL 32792			∫62	Street Add	ness (P.O. Box Number is Not Acceptable)	7
			03			1
				City	■ 85 Zip Code	┪
	1- 11	12 4 E02 4508 Classic Statut		1	FL FL purpose of changing its registered on's board of directors. I hereby accept the appointment as registered	1
signature	m familiar with, and accept the obliga Signature typed or proted name of registered aga OFFICERS AN				id when retinately) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	- 66 66
TITLE	D	☐ DELETE			☐ Change ☐ Addition	1 3
MAME STREET ADDRESS	LAW, ROBERT K I 1816 SENECA BLVD.		1 2 NAME 1 3 STREET ADDRESS			720
CITY-81-ZIP	WINTER SPRINGS FL 32708		14 CITY-ST-ZP			CRZE034 (11/98)
TILE		☐ DELETE			☐ Change ☐ Addition	٦ ر
NAME			22 NAME			
STREET ADORESS CITY-ST-ZIP	ì		2 3 STREE	T ADDRESS		1
TITLE		DELETE	3.1 TITLE	<u> </u>	Change Addition	1
NAME			32 MAME	j		1
STREET ADDRESS	*			RESPOCAT	The second of th	}
TITLE		☐ DELETE	\$4. CITY- 41 TITLE	5Y- 20P	Change Maddition	.1
NAME			4.2 NAME	. }		1
BTREET ADDRESS	1		43 STREE	T ADORESS		i
CITY-51-ZIP		Dougra	44017	T- 2 P	. Delini. Collen	4
TITLE NAME		#####################################	5.1 TITLE 5.2 NAME		. [] Change [] Addition	1
STREET ADDRESS		•	6.3 STREE	TACORESS		
CITY-51-ZIP			64 CITY-S	57-7IP		<u> </u>
TITLE	☐ DETEAL			1	☐ Change ☐ Addition	1
AJAME STREET ADORESS			62 NAME 63 STREE	TADORESS	\mathcal{L}	1
CITY-ST-ZIP			64 CITY-S			1
14. I hereby of indicated officer or	partify that the information supplied with on this annual report or supplemental director of the corporation or the received the supplemental supple	th this filing does not qualify for annual report is true and accur- iver or rustee empowered to en-	the exempt rate and the secure this	ion stated in S it my signature report as requ	Section 119.07(3)(i), Florida Statutes, I further certify that the information a shall have the same legal effect as it made under cath; that I am an ired by Chapter 607, Florida Statutes, and that Tmy name appears in	
SIGNAT	or Block 13 if changed, or on an atlact	POL SO		D	Jan 29,59 407-678-3111	
0101171)	SIGNATURE AND TYPED OF	PRINTED HAME OF SIGNING OFFICER	OR DIRECTOR		7-GM 29.59 407-671-3/1/	