CORPORATION ANNUAL REPORT 1999 DIVISIÓN OF CO	e Harris of State	Fr II.	
DOCUMENT # P9800059687 1. Corporation Name FORIST ORDER PROFESSIONAL CONTR	The second of th	99 JAN 28 A	M 8: 2!
1. Corporation Name	ER, Ma		
PORUSI GREEK I SILVE	, .	SECRETARY C TALLAHASSEE	FLORIDA
Principal Place of Business Mailing Address			
1901 S. HALBOR CITY BLYD)	
BUTE 637 PL 30901		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 7/2/08	
2. Principal Place of Business 21 / 901 S./14+6×2171 BUM26		4. FEI Number 59-3525264	Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27		Certificate of Status Desired []	\$8.75 Additional Fee Required
City & State City & State City & State 28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fecs
Country	Country	8. This corporation owes the current year In	langible
9. Name and Address of Current Registered Agent	ol	Personal Property Tax. 10. Name and Address of New Registered	. •
DOWARD B. DOWN 1901 5 HARAN CITY BLID BUITO 637 MURDUR, FL 32901	83 84 City	ss (P.O. Box Number is Not Acceptable)	85 Ζιρ Code
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida Such change was auth agent. I am familiar with, and accept the obligations of, Section 607.0505, Florid 	, the above-named corpo- norized by the corporation a Statutes.	ration submits this statement for the purpose of i's board of directors. Thereby accept the appo	changing its registered intment as registered
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Re	egistered Agent signature required i	when reinstating) DATE	
12. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	A Section of the Control of the Cont
NAME DON'S SMITT! PROS, D [] DELETE	11TITLE .		[] Change [] Addition
STREET ADDRESS 1901 5. HALDUL AITY 64 127	. 1.3 STREET ADDRESS	400002768	
CMY-ST-ZIP MOZBURE, FL. 32901	14 CITY-ST-ZIP	-02/05/991	
TITLE V. P/SEC/TRUTS. DELETE	21 TITLE	*****T2D***	[\$68815Q. QQtion
NAME DUNNED B. DUNSK STREET ADDRESS 1901 & HARBIE CITY BLUD, # 637	2.2 NAME 2.3 STREF1 ADDRESS		
CITY-ST-ZIP MULDINAU, FL 32901	2 3 STREFT ADURESS		
TITLE V.P [] DELETE	31 TITLE		[] Change [Addition
NAME MORK M-NOLUSKY STREET ADDRESS SLY CAKE ASHLEY CAKE	3 2 NAME		
STREET ADDRESS SLY LAKE ASHLEY EIRELL	3 3 STREET ADDRESS		
TITLE W. MOLBOOKNE, FL 32904	34.CITY-ST-ZIP		[] Change [] Addition
NAME E.S DELETE	4 2 NAME		Elegande El Madioon
STREET ADDRESS:	4 3 STREET ADDRESS		
CITY-\$T-ZIP	4.4 C/TY-ST-ZIP		
TITLE []] DELETE	51 TITLE		[] Change [] Addition
NAME	5.2 NAME		1

53 STREET ADDRESS

6 1 TITLE

62NAVE

[] DELETE

FLORIDA DEPARTMENT OF STATE

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

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

PROFIT

14. Thereby 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 tegal 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, with all other like empowered. (407) 122-3000

[] Change [] Addition

CR2E034 (11/98)