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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000060156

1. Corporation Name

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90106 042 ***150.00

FAPS, IN	IC.								
Principal Place	o of Rusiness	Mailing Address				- 1 19811991 118 18181 18111 88111 88111 88111	6)113 69193 119) 	
•		P.O. BOX 361							
17525 SUNSET TERRACE P.O. BOX 361 WINTER GARDEN FL 34787 KILLARNEY FL 34740-0361									
						DO NOT WRITE IN THIS	SPACE		1
						3. Date Incorporated or Qualifed 07/06/1998			
2. Principal P	lace of Business	2a. Mailing Address				4 EEI Number		opplied For	1
21		26				59-3521398) \rac{1}{\chinn{1}{\	lot Applicable	1
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	Additional	1
22	<u> </u>	27				5. Certificate of Status Desired	Fee F	Required	
City & Stat	e	City & State			T-2_	-6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution	Added	l to Fees	ļ.
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current year In	1.2	E .	{
24	25		10			Personal Property Tax.	Yes	9	1
	9. Name and Address of Current	t Registered Agent		201 11		10. Name and Address of New Registered	Agent		1
FIOE	ANO CHUIO			81 Na	ame				1
	rino, giulio 25 sunset terrace		İ	82 St	reet Addre	ss (P.O. Box Number is Not Acceptable)			
WINTER GARDEN FL 34787			-	83					1
*****	icii danben e ono.		ļ	83					ļ
				84 Ci	ty	FI	85 Zip	Code	
	4 11 22 4 0 4 11 2 2 0 0 7 0 5 0 1	2 1 007 1500 Florido Statutos		DOWO PO	mod come	pration submits this statement for the purpose of	_ , ,	rs registered	1
office or r	enistered agent or both in the State (of Florida. Such change was autl	horized	hv the	corporation	n's board of directors. I hereby accept the appo	intment as r	egistered	
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Florid	da Statu	ites.					
SIGNATURE		t and title if penlinghin (NOTE: E	Pagetarad	Agent sign	ature required	when reinstating) DATE			_ ا
12.	Signature, typed or printed name of registered agen OFFICERS AN	D DIRECTORS	13.	Again aigh	- required	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12	ĝ
TITLE	D	☐ DELETE	1.1 TIT	LE			Change	☐ Addition	7
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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, or on an attachment with an address, with all other like empowered.

SIGNATURE: