

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90008 004 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT

1999

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Kathorine Harris

Secretary of State
Division OF CORPORATIONS

DOCUMENT # P9800006347

1. Corporation	M & ASSOCIATES OF ORL						
Principal Place	e of Business	Mailing Address			P INGLINDI TAN COLON LOGIN NALIK RATA	i metu adula aribit terih bis	n (640))iĝi iĝ <u>i</u> j
•	AROLWOOD BLVD.	1503 NORTH CAROLWOOD	BLVD.				
FERN PARK FL		FERN PARK FL 32730			DO NOT WRIT	E IN THIS SPACE	
					3. Date incorporated or Qualifed		
					07/16/1998	* **	
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
		26		59-3527356		lat Applicable	
Suite, Apt.	#, elc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 7 4	Additional
2		27			3. Osimose di Omica Bodino	Fee	Required
City & State	9	City & State			6. Election Campaign Financing		May Be
3		28			Trust Fund Contribution		to Fees
Zφ	Country	Zip	Country	/ 	8. This corporation owes the curre	nt year Intangible	- No
4	25		30		Personal Property Tax. 10. Name and Address of New R		L.,140
	9. Name and Address of Curren	t Registered Agent		Name	TO. Name and Address of New A	ogistorea Agent	······································
TOW	NICEAID A W		"'	Maries			
TOWNSEND, A W 1503 NORTH CAROLWOOD BLVD. FERN PARK FL 32730			82	Street Add	ress (P.O. Box Number is Not Acceptal	ple)	
			83				
ILIA	TAINTE SELOU		"				
			84	City		FL 85 Z	Code .
office or ragent. I a			othorized by ida Statutes	the corporati	poration submits this statement for the pon's board of directors. I hereby accept		registered
JONATORE	Signature, typed or printed name of registered ager			nt algnature require	d when reinstating) ADDITIONS/CHANGES TO OFF	DATE	ODC IN 12
12.	OFFICERS AN		13.		AUDIUMS/CHANGES OF OFF	けいこれる みかわ いばたいす	
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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 tegal effect as it 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 ap-address, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE: AMATORE OF PRINTED HAME OF SIGNING OFFICER OF DIRECTOR DATE DATE DATE OF PRINTED HAME OF SIGNING OFFICER OF DIRECTOR

S. Albania