PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 16, 1999 8:00 am Secretary of State 03-16-1999 90112 006 ***150.00

DOCUMENT # P98000080564

| Principal Place | ECRETARIAL INC. | Malling Address | | | | <u> </u> |
|--|--|---|--|--|---|--|
| 254 WILSHIRE BLVD. CASSELBERRY FL 32707 | | 254 WILSHIRE BLVD. Casselberry FL 32707 | | DO NOT WRITE I | N THIS SPACE | <u> </u> |
| | | | | 3. Date Incorporated or Qualifed 08/17/1998 | | } |
| | | 2a. Mailing Address | | 4. FEI Number | , Ac | plied For |
| _ ` | lace of Business | 26. Maining Address | | 59-348386 | O No | t Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | | Additional |
| 22 | | 27 | | | | equired |
| City & State | 8 | City & State | <u> </u> | | | May Bo |
| 23 . | | 28) | Country | Trust Fund Contribution 8. This corporation owes the current | | |
| Zip | Country | Zip | 30 | Personal Property Tax. | Yes | □No |
| 24 | 9. Name and Address of Currer | | 120 | 10. Name and Address of New Regi | stered Agent | |
| | 4. Isbilla elle stroises di antiei | | 81 Name | | | J |
| | TER, LORRAINE C | | 82 Street Add | dress (P.O. Box Number is Not Acceptable |) | |
| | WILSHIRE BLVD. | | | | | |
| CAS | SELBERRY FL 32707 | | 83 | | | |
| | | | 84 City | | FL 85 Zip | Code |
| | <u> </u> | | | | nose of changing its | registered |
| 11. Pursuant | to the provisions of Sections 607.056 registered agent, or both, in the State |)2 and 507.1508, Florida Statu of Florida, Such change was a | ies, ine above-named cor authorized by the corporal | tion's board of directors. I hereby accept the | e appointment as re | gistered |
| | indiatolog pageret as pour in pro promi | | | | | |
| agent. 1 a | am familiar with, and accept the conga | itions of, Section 607.0505, Fk | onda Statutes | | | |
| agent. 1 a | | | | rporation submits this statement for the pur tion's board of directors. I hereby accept the | DATE | l |
| SIGNATURE | Signature, typed or printed mens of registered age | m and trie if applicable. (NOTI | E: Registered Agent signature requi | | DATE | l |
| SIGNATURE | Signeture, typed or printed neme of registered age OFFICERS AN | | | red when remstaling) | DATE | l |
| SIGNATURE 12. | Signature, typed or printed name of registered age OFFICERS AN | ent and tries if applicable. (NOTE ND DIRECTORS | E: Registered Agent signature requi | red when remstaling) | DATE ERS AND DIRECTO | l |
| 12. TITLE | Signature, typed or printed reares of registered age OFFICERS AN D KASTER, LORRAINE C | ent and tries if applicable. (NOTE ND DIRECTORS | E: Registered Agent algressive required 13. | red when remstaling) | DATE ERS AND DIRECTO | l |
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| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature, typed or printed reares of registered age OFFICERS AN D KASTER, LORRAINE C | ent and tries if applicable. (NOTE ND DIRECTORS | 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS | red when remstaling) | DATE ERS AND DIRECTO Change | PR\$ IN 12 Addition |
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