PROFIT CORPORATION ANNUAL REPORT

1999

STREET ADDRESS

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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90049 024 ***150.00

DOCUMENT # 1. Corporation Name	P98000081387
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	ANCES DOWNTOWN, INC.				
Principal Place	e of Business	Malling Address		i (MD)(Ddi 196 datht 1868 Batth Sabit allitt nath, colar utann colar san can	
59 N. ORANGE		59 N. ORANGE AVE.			
ORLANDO FL 3		ORLANDO FL 32801		DO NOT WRITE IN THIS SPACE	
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i				3. Date Incorporated or Qualified	}
]		,		09/11/1998 4 FEI Number Applied Fo	
2. Principal P	lace of Business	2a. Mailing Address		4 FEI Number EIN 59-3537153 Applied Fo	
21		26		\$8.75 Additiona	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired Fee Required	'
22		City 9 State		a Florida Canadias Financias \$5.00 May Bo	
City & Stat	19	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
23		28 Zip	Country	B. This corporation owes the current year intangible	
Zip	Country		0	Personal Property Tax.	
24	9. Name and Address of Current		1	10. Name and Address of New Registered Agent	\exists
	5. Raine and Addiess of Current	110813111111111111111111111111111111111	61 Name	The state of the s	
MOF	ran, Thomas P esq		20 20 1111	(D.O. O. N. M in Mar Appendable)	
111	N. ORANGE AVE., STE. 1200		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
	ANDO FL 32801	•	83		
}			<u> </u>	Ind. 7- com-	-∸ }
İ			84 City	FL 85 Zip Code	
_	to the armylsions of Sections 607,0502	and 607.1508. Florida Statute:	s, the above-named corp	poration submits this statement for the purpose of changing its register	ed
11 Pursuant					
11. Pursuant office or agent, i a	registered agent, or both, in the State or im familiar with, and accept the obligati	f Florida. Such change was aul ons of, Section 607,0505, Florid	thorized by the corporation da Statutes.	on's board of directors. I hereby accept the appointment as registered	
11. Pursuant office or i agent, i a	registered agent, or both, in the State of im familiar with, and accept the obligati	ons of, Section 607,0505, Florid	da Statutes.	and board of Grootals. Thereby accept	
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CITY-ST-ZIP 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 enrural report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under each; 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.

6.4 CITY-ST-ZIP

SIGNATURE: SIGNATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIFFECTOR MARY TRANS OFFICER OR DIFFECTOR