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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90190 030 ***150.00

i. corporation	MENT # P98000 SERVICES INCORPORATED	•				
Principal Place	of Business	Mailing Address			IDI 1811: 1881 61881 1) i
1353 TYLER LA		1353 TYLER LAKE CIRCLE				
ORLANDO FL 3		ORLANDO FL 22909		DO NOT WRITE IN TH	IIS SPACE	
				3. Date Incorporated or Qualifed	IIO OF AGE	
				10/12/1998		
2 Principal Di	lace of Business	2a. Mailing Address		4. FEI Number	App	lied For
21	Bee of Business	26		59-3548861	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	~ \$8.75 A	
22	_	27		5. Certificate of Status Desired	Fee Rec	
City & State	е	City & State		6. Election Campaign Financing	\$5.00 r	
23		28		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip 2 2 2 9 D	Country	8. This corporation owes the current year		[] (No
24 328			30	Personal Property Tax. 10. Name and Address of New Registere		<u></u>
	9. Name and Address of Currer	ur vedizielea Agenr	81 Name 1		, , , , , , , , , , , , , , , , , ,	
GOUGH, MICHAEL			L_1	inda J. Crosnoe		
1353 TYLER LAKE CIRCLE			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	Circle	
	ANDO FL 32809		83	e care	<u> </u>	
					05 70 0	
			84 City	Rlando F		839
office or n agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligations.	of Florida. Such change was au	thorized by the corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	pointment as reg	gistered
SIGNATURE	Signatuje, typed or printed name of registered age	Lasnoe	da Statutes. Registered Agent signature require	ad when reinstating) DATE		
	Signature, typed or printed name of registered age	ant and title if applicable. (NOTE: IND DIRECTORS		2/4/99	AND DIRECTO	RS IN 12
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN	ant and title if applicable. (NOTE: I	Registered Agent signature require	ad when reinstating) DATE		
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN D FULLER, THOMAS P	ant and title if applicable. (NOTE: IND DIRECTORS	Registered Agent signature require	ad when reinstating) DATE	AND DIRECTO	RS IN 12
SIGNATURE 12. TITLE	Signatual, typed or printed name of registered age OFFICERS AN D FULLER, THOMAS P 398 COLUMBUS AVENUE ST	ant and title if applicable. (NOTE: IND DIRECTORS	Registered Agent signature require 13. 1.1 TITLE	ad when reinstating) DATE	AND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN D FULLER, THOMAS P	ant and title if applicable. (NOTE: IND DIRECTORS DELETE E. 293	Registered Agont signature require 13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP	ad when reinstating) DATE	AND DIRECTO	RS IN 12
12. TITLE NAME STREET ADDRESS	Signatual, typed or printed name of registered age OFFICERS AN D FULLER, THOMAS P 398 COLUMBUS AVENUE ST	ant and title if applicable. (NOTE: IND DIRECTORS	Registered Agent signature require 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ad when reinstating) DATE	AND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signatual, typed or printed name of registered age OFFICERS AN D FULLER, THOMAS P 398 COLUMBUS AVENUE ST	ant and title if applicable. (NOTE: IND DIRECTORS DELETE E. 293	Registered Agent signature require 13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 1.4 C/TY-ST-ZIP 2.1 TITLE 22 NAME	ad when reinstating) DATE	AND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signatual, typed or printed name of registered age OFFICERS AN D FULLER, THOMAS P 398 COLUMBUS AVENUE ST	ant and title if applicable. (NOTE: IND DIRECTORS DELETE E. 293	Registered Agent signature require 13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS	ad when reinstating) ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signatual, typed or printed name of registered age OFFICERS AN D FULLER, THOMAS P 398 COLUMBUS AVENUE ST	ant and title if applicable. (NOTE: IND DIRECTORS DELETE E. 293	Registered Agent signature require 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	ad when reinstating) ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
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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 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIG