### PROFIT CORPORATION ANNUAL REPORT

1999



#### FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

# DOCUMENT # P98000091797

Country

H. BRUCE FRUTCHEY, P.A.

Principal Place of Business

ALTAMONTE SPRINGS FL 32701

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

660 MAITLAND AVE.

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Mailing Address

660 MAITLAND AVE.

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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Ζφ

ALTAMONTE SPRINGS FL 32701

## FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90063 041 \*\*\*150.00

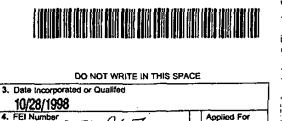
Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees



 $\Box$ 

5. Certificate of Status Desired

Trust Fund Contribution

6. Election Campaign Financing

8. This corporation owes the current year Intangible

24	25	29	30			Personal Property Tax.		Yes	No	_
	9. Name and Address of Curren					10. Name and Address of New F	Registered	Agent		_
				81	Name					1
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660 MATTLAND AVE.				02	Ottoral world	ess (r.o. bex number a not recept	10.07			Ì
ALT/	AMONTE SPRINGS FL 32701			83					<del>_</del>	7
				Ш						4
				84	City		FL	85 Z	ip Code	- [
11. Pursuant	to the provisions of Sections 607.050	2 and 607,1508, Florida	Statutes, the a	bove	-named compo	oration submits this statement for the	numose of	changing	its registered	┪
office or r	to the provisions of Sections 607.050, registered agent, or both, in the State out familiar with, and accept the obligat	of Florada, Such chance	was guinonzed	ΙDVί	he corporatio	n's board of directors. I hereby accep	it the appoi	ntment as	registered	
SIGNATURE	Signature, typed or printed name of registered figure	and title if sometimes	(NOTE: Registered	Aneni	Noneture moules	when constained	DATE			1,
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OF	FICERS AN	ID DIREC	TORS IN 12	7 8
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CITY-ST-ZIP	<del>                                     </del>	☐ DELE			~			Chang	e Addition	٦
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STREET ACCRESS			34.0							ľ
CITY-ST-ZIP TITLE		[] DELE						Chang	a Addition	٦,
NAME	,		4.2 N							
	•				VOORESS	_				
STREET ADDRESS			4.4 CF			•				
CITY-ST-ZP		☐ DELE			-			Chang	e Addition	7
TITLE	•	1	52 NA					_		
NAME		•			VDORESS.					
STREET ADDRESS			5.4 C/7							1
CITY-ST-ZP		☐ DELE			<del></del>			Chang	e Addition	đ
TILE			62 NA							
NAME -					Vooress					
			# 635ii	TEL !	ULECCOOL (					•

Country

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.

6.4 CITY-ST-ZIP

SIGNATURE:

NATURE AND TYPED OR PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR

4-2-49 1072606600

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