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CORPORATION



FLORIDA DEPARTMENT OF STATE

FILED Feb 18, 1999 8:00 am Secretary of State

| 1 | IUAL REPORT Secretary of State 1999 DIVISION OF CORPORAT | | | ate | | 02-18-1999 90001 004 ** | | | | *150.00 | |
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| P.O. BOX 952769 P.O. BOX 952769 LAKE MARY FL 32795 LAKE MARY FL 32795 | | | | | | | OO NOT WRITE IN THIS SPACE | | | | |
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| 2. Principal 21 | 2. Principal Place of Business 2a. Mailing Address 25 | | | | | | 4. FEI Number | | <u> </u> | | oplied For ot Applicable |
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| 23 | | | | | | | | npaign Financing Contribution | <u> </u> | | May Be to Fees |
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| | 9. Name and Addres | s of Current Registers | ed Agent | | 81 | Name | 10. Name and A | Address of New | Registered A | gent | |
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| | TURNBULL AVE.,STE.2 | | | | 82 | Street Addres | ss (P.O. Box Num | ber is Not Accep | able) | | |
| ALI | AMONTE SPRINGS FL | 32701 | | | 83 | , ' | | 1970 | E WORLD | | |
| | | | | | | | 85 Zip Code | | | | |
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| | Signature, typed or printed name of | registered agent and lide if appl | icabia (NOTE | : Registered | bove-n by the utes. | named corpor e corporation | when reindeting) | | DATE | nanging its ment as re | registered gistered |
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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.

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