05-15-1999 90019 040 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Narris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000095701

1. Corporation Name

IMASHA	ONE OF ONLANDO, INC.					
Principal Place of Business Mailing Address					4 18811884 118 (4181 1811) #E111 #E111 #E111	en idian dirit rousi guiul ligi iugi
4410-J MARTINS WY 4410-J MARTINS WY						
ORLANDO FL 32808 ORLANDO FL 32808					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed	7.00
					11/12/1998	
2. Principal Pl	ace of Business	2a. Mailing Address			4 FEI-Number	Applied For
21		26			"59-3538920	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip 24	Country Zip Co		_	Country - 8: This corporation owes the current year Intangible Personal Property Tax.		
9. Name and Address of Current Registered Agent				10, Name and Address of New Registered Agent		
DVDF	A TARCHA		81	Name		
BYRD, LA TAASHA 4410-J MARTINS WY ORLANDO FL 32808			82	Street Add	Address (P.O. Box Number is Not Acceptable)	
UNL	ANDO FL 32000		83			
			84	1	F	85 Zip Code
office or re agent. I as SIGNATURE	to the provisions of Sections 607.05 egistered agent, or both, in the State in familiar with, and accept the oblight Signature, typed or printed name of registered as	e of Florida. Such change was au lations of, Section 607.0505, Flori	thorized by ida Statutes	tne corporat	poration submits this statement for the purpose ion's board of directors. I hereby accept the appropriate the statement for the purpose ion's board of directors. I hereby accept the appropriate the statement for the purpose ion's board of directors.	pointment as registered
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE			1.1 TILE			Change Addition
NAME I	17 		1.2 NAME			
STREET ADDRESS	4410-J MARTINS WY 133		1.3 STREE	T ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32808 1440		1.4 CITY-S	T-ZIP		
TITLE			2.1 TITLE			☐ Change ☐ Addition
NAME			2.2 NAME			
STREET ADDRESS	2.33		2.3 STREE	T ADDRESS		
CITY-ST-ZIP			2. 4 CITY-5	ST-ZIP		
TITLE			3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	TADORESS		
CITY-ST-ZIP			3.4. CITY+5	ST-ZIP		CI Character CI Addition
TITLE			4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS				TADDRESS		
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS				TADDRESS		
CITY OT 710			5.4 CITY-S	T-ZIP		

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 of an affaichment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

(402) 292-7099

☐ Addition

Change