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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P98000101722

JANE-H. CLARK, P.A.

Clark and Romano P.A.

## FILED Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90027 043 \*\*\*158.75



Principal Plac	e of Business	Mailing Address				1 98181 11817 1881	
1816 E ROBINSON STREET STE 1 2816 E ROBINSON S		2816 E ROBINSON STREET STI	STE 1				
		ORLANDO FL 32803		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		
					12/01/1998		1
2. Principal P	lace of Business	2a. Mailing Address		****	4. FEI Number	1	Applied For
	East Robinson St.	26 200 East Roun	SAM St		59-3544894	1	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			<u> </u>		5. Certifcate of Status Desired		Additional
22 1290 - 27 1290 -			's .		5. Certificate of Status Desired	Fee F	Required
City & State City & State			,		6. Election Campaign Financing		May Be
23 Orlando 71. USA (28) Orlando, +1.			<u> </u>	<del>1</del>	Trust Fund Contribution		to Fees
Zip a a a a	Country	Zip	Country	3	8. This corporation owes the current year	Intangible    Yes	ΩŃο
24 3280		29 3280 30	1 USX	1	Personal Property Tax.  10. Name and Address of New Registere		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name							
CLARK JANE H					lark Jane H.		
2816 E ROBINSON STREET STE 1			82	Street Addre るのへ	ess (P.O. Box Number is Not Acceptable)	de 129	±o
ORLANDO FL 32803				700	<u> </u>	12.1	
				<u> Sui</u>	te 1290	lan z	
	·		84	City () C	lando <b>F</b>	L 85 Zir	Code 2 X \(\) \(\)
A Development of Section 607 0502 and 607 1509. Elected Statutes the above named comparation submits this statement for the number of changing its registered							
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE Signature, typed or grinted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature re  12. OFFICERS AND DIRECTORS  13.				griature required	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
TITLE	PSTD	DELETE	1,1 TITLE	Pro	esident/Treasurer	Change	
NAME	CLARK, JANE H		1.2 NAME	JA	ane H. Clark		0.00
	2816 E ROBINSON STREET STE	1	1.3 STREET AC	DERESS 20	to East Robinson Street, S	Suite 12	90
CITY-ST-ZIP	ORLANDO FL 32803		1.4 CITY-ST-Z	ne I0⊂	lando 41. 32801		
TITLE		☐ DELETE	2.1 TITLE	Ui	ce President/ Secretary	☐ Change	Addition
NAME			2.2 NAME	l Mi	Charl A. ROMANO		
STREET ADDRESS			2.3 STREET AL	ODRESS 20	o East Robinson St. Suite	1240	.
CITY-ST-ZIP			2. 4 CITY-ST-2	ZIP Or	lando 11. 32801		
TILE		☐ DELETE	3.1 TITLE		•	☐ Change	e [] Addition
NAME			3.2 NAME	]	•		1
STREET ADDRESS		•	3.3 STREET AC	ODRESS			Ì
CITY-ST-ZIP			3.4. CITY- ST-2	ZIP			e Addition
TITLE		☐ DELETE	4.1 TITLE	ŀ		Change	a Pagaran [
NAME			4.2 NAME				i
STREET ADDRESS			4.3 STREET AL	DORESS			
CITY-ST-ZIP			4.4 CITY-ST-Z	19			n D Addition
TITLE		☐ DELETE	5.1 TITLE			Change	e
NAME			5.2 NAME				]
STREET ADDRESS			5.3 STREET AL	1			
CITY-ST-ZiP		G BELETE	5.4 CITY-ST-Z 6.1 TITLE	3P		☐ Change	e
TITLE	}	DELETE	ł .			change	- LI MOGROOII
NAME	}		6.2 NAME	200500			1
STREET ADDRESS		•	6.3 STREET AL	JUKESS			ł
			- 04 OFF 7	ara 1			

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.

SIGNATURE:

WAIGNOZIKE STADUREDALK

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/99

(407) 316 8588 Daytime Phone #