## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## FILED Sep 17, 1999 8:00 am Secretary of State

09-17-1999 90002 022 \*\*\*550.00

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	PRING, INC								
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Principal Place of Business Mailing Address							I DESID ITOUT BITLE SPAIN THAT		
725 SO. NORTHLAKE BLVD. #37 725 SO. NORTHLAKE BLVD. #37									
ALTAMONTE SPRINGS FL 32701 ALTAMONTE SPRINGS FL 32701							DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified	O OI AGE	
							12/09/1998		
2. Principal Place of Business 2a. Mailing Address							4. FEI Number	Applied For	
[21]			26				59-3550764	Not Applicable	
Suite, Apt.	. <u>#,</u> etc.		— — — —	Suite. Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22 27							Fee Required		
City & State			— ·	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	1	Country	Zip			ry	8. This corporation owes the current year		
24	ļ.	25	29		30	•	Intangible Personal Property.	Yes No	
	9. Name	and Address of Curre	ent Registered	Agent			10. Name and Address of New Registered	Agent	
KDK	SE, VALERIE	•			8	1 Name			
					8	2 Street Addr	ress (P.O. Box Number is Not Acceptable)		
725 SO. NORTHLAKE BLVD. #37 ALTAMONTE SPRINGS FL 32701					8	<u> </u>			
					l°	3			
					8	4 City	FL	85 Zip Code	
11 Pursuant	t to the provisi	ions of sections 607 05	02 and 607 150	N8 Florida Statut	es the abov	e-named comor	ration submits this statement for the purpose of c	hanging its registered	
office or	registered ag	ent, or both, in the Stat	to of Clorida Cu	o, i ionaa otatat	00, 1116 0004	s-namou corpor	ducin submitte this statement for the purpose of a	inding ing indicator	
0,1100 01		(41	te of Florida. St	uch change was	authorized t	by the corporation	on's board of directors. I hereby accept the appo	ointment as registered	
agent. / a	am familiar wi	th, and accept the obli	gations of, sect	ich change was ion 607.0505, Fl	authorized t orida Statut	by the corporation	on's board of directors. I hereby accept the appo	sintment as registered	
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SIGNATURE:

in Block 12 or Block 13 if changed, or on an attachment with an address.

dang hit Wisg PVACERIEE KRISE / Sep, 1999 (407)830 686

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