## PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Marris

Secretary of State DIVISION OF CORPORATIONS

## May 05, 1999 8:00 am Secretary of State

05-05-1999 90114 043 \*\*\*150.00

i. Corporati	JMENT # P98000 for Name of OF CENTRAL FLORIDA, IN						) 
Principal Pla	ace of Business	Mailing Address			i ibeniet ne diët ield bêur dein gelet den besit	aa- :aitt <b>4 6</b> (	110 2/11/051
00 METRO WAY SECAUCUS NJ 07094		100 METRO WAY SECAUCUS NJ 07094		÷	DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified		
					12/17/1998		j
2. Principal	Place of Business	Za. Mailing Address		4. FEI Number	Арр	tied For	
<u>a</u>		Suite, Apt. #, etc.			22-3622792		Applicable
Suite, Apt. #, etc.					5. Certificate of Status Desired		
22		27				\$5.00 N	<del></del>
City & St	ate	City & State	- <del></del>	٠	Election Campaign Financing  Trust Fund Contribution	Added to	
23   Zip	Country		Country	<del>,</del>	8. This corporation owes the current year intang		
25		29 30			Personal Property Tax. Yes No		
	9. Name and Address of Curre	nt Registered Agent		7	10. Name and Address of New Registered Ag	ent	
			81	Name			- 1
CORPORATION SERVICE COMPANY			82	Street A	ess (P.O. Box Number is Not Acceptable)		
	1 HAYS STREET						
IAL	LAHASSEE FL 32301-2525		83	1			
			84	City	FL	85 Zip C	ode
	-the the new Julean of Continue 607 060						
11. Pursuar office of agent. I SIGNATURI	r registered agent, or both, in the State I am familiar with, and accept the obliga-	ations of, Section 607.0505, Florid	da Statutes	5.	orporation submits this statement for the purpose of chation's board of directors. I hereby accept the appointment of the purpose of the purpose of the appointment of the purpose of the	anging its r ent as regi	egistered istered
office of agent. I	r registered agent, or both, in the state I am familiar with, and accept the obliging E Signature, typed or provide name of registered age	ations of, Section 607.0505, Florid ent and title if applicable. (NOTE:	da Statutes	5.	the state of the s		****
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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 frustee empowered to execute this report as required by Chapter 807. 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.

5.3 STREET ADDRESS

8.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-5T-ZIP

61 TO F

62 NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

□ DELETE

Change

Addition