PROFIT CORPORATION

CAUTHEN, CINDY K

780 LOCKWOOD DR ORLANDO FL 32833

DOCUMENT # \$10313

ACCURATE SCREENPRINTING, INC.



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

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

ANNUAL REPORT 1999

1. Corporation Name

FILED Jul 26, 1999 8:00 am Secretary of State

07-26-1999 90006 020 ***150.00

,			
Principal Place of Business Mailing Address		1 1801/010 (0) (18) OP/80 (1904 (1904 (1914 d) 0) (1914 d) OFFI D) (1905 (1904	
780 LOCKWOOD DRIVE ORLANDO FL 32833	780 LOCKWOOD DRIVE ORLANDO FL 32833	DO NOT WRITE IN THIS SPACE	
		3. Date Incorporated or Qualifed 10/31/1990	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number Applied For	
21	26	59-3047303 Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & State	City & State	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip Country	Zip 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	
, , , , , , , , , , , , , , , , , , , ,	81 Name	e	

11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose 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

83

84 City

Street Address (P.O. Box Number is Not Acceptable)

agent. I a	m familiar with, and accept the obligations of, Section 607.0505,	, Florida Statutes.	·	
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (f	NOTE: Registered Agent signature require	ed when reinstating) DATE	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P DELETE	1.1 TITLE	☐ Change	Addition
NAME	CAUTHON, CINDY K	1.2 NAME		
STREET ADDRESS	780 LOCKWOOD DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32833	1.4 CITY-ST-ZIP		
TITLE	☐ DELETT	2.1 TITLE	☐ Change	Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS	•	
CITY-ST-ZIP		2. 4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE	☐ Change	Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4, CITY-ST-ZIP		
TITLE	☐ OELETE	4.1 TITLE	☐ Change	Addition
NAME		4. 2 NAME		
*STREET ADDRESS	•	4.3 STREET ADDRESS		
CITY-ST-ZIP -		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE	☐ Change	Addition
NAME	•	6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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, or on an attachment with an address, with all other like empowered.

SOUNTAINE REQUIREG SIGNATURE:

CR2E034 (11/98)

Zip Code

85

S 10313 595164-90006-20

A Plus Accounting, Inc. 118 West Orange Street Altamonte Springs, FL 32714 (407) 869-4442 (407) 774-4443

Mr. Andy Dunlap Reinstatement Department Division of Corporations P.O. Box 1500 Tallahassee, FL 32302

RE: Corporations

Dear Andy:

As per our telephone conversation, I am enclosing the certified copy of mailing proof as well as the corporations, which were mailed on a timely basis, but were somehow misplaced.

--- Thank you for your kind co-operation.

Sincerely,

Ingrid Goldberg