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PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # S19150

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 16, 1999 8:00am Secretary of State

02-16-1999 90062 034 ***150.00

THE SAD	ODLER OF ORLANDO, INC.												
Principal Place	e of Business	Mailing Address					1 (06)(010		#\$118 ## 11	E1841 814			
1076 W. STATE	ROAD 436	1076 WEST STATE											1 1 2 2
ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRING			NGS FL 32714	FL 32714				DO NOT WE	RITE IN	THIS S	SPACE		,
US US							DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed						
						!	01/01/199		_				{
2 Principal DI	lace of Business	2a. Mailing Addre	ess				4. FEI Number	<u></u>				Applie	ed For
	ace of Education	26					59-3050930			Not Applicable			
21 Suite, Apt. #, etc.		Suite, Apt. #,	etc.							\$8.75 Additional			
22		27					5. Certifcate of	Status Desired			Fee	Requ	ired
City & State	e	City & State					6. Election Car	npaign Financing	1 –		\$5.0	0 ма	ay Be
23		28					Trust Fund (, 0			d to F	
Zip	Country	Zip	С	ountry			8. This corpora	tion owes the cu	irrent ye	ear Inta	ngible	•	•
24	25	29	30				Personal Pro	operty Tax.			☐ Yes		No
	9. Name and Address of Current	t Registered Agent		Ϊ.,	•		10. Name and	Address of New	Regis	tered A	gent		
				81	Name	∍							.
	WNINSHIELD, HENRY			82	Stree	t Addres	s (P.O. Box Num	iber is Not Accep	table)				
	WEST STATE ROAD 436						<u>''</u>						
ALIA	AMONTE SPRINGS FL 327:14			83						2			學者 清
				84	City				3161 1		85 Z	р Сос	le l
				1						<u>FL</u>			
11 Durnwant	to the provisions of Sections 607 0500	2 and 607 1508 Florid	la Statutes, the	above	e-name	d comor	ation submits this	statement for th	e purpo	ose of c	nanging	its reg	gistered
office or re agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of im familiar with, and accept the obligat	of Florida. Such chang tions of, Section 607.0	ge was authoriz 1505, Florida Si	zed by tatutes	the cor	poration	s poard of directo	statement for thors. I hereby acc	ept tne	аррош	manging tment as	regis	gistered tered
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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 reserver 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 or fair attachment with an address, with all other like empowered.

SIGNATURE:

ta Davtime Phone

:R2E034 (11/98)