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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # S21997



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90049 032 ***150.00

TRICKEL & LEIGH, P.A. Principal Place of Business Mailing Address 1801 LEE ROAD 1801 LEE ROAD SUITE 3600 SLITE 3600 DO NOT WRITE IN THIS SPACE WINTER PARK FL 32789-2165 WINTER PARK FL 32789-2165 3. Date Incorporated or Qualifed 12/28/1990 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 59-3041925 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired П Fee Required 27 22 6. Election Campaign Financing City & State City & State \$5.00 May Be Added to Fees Trust Fund Contribution 28 23 Country Zip Country Zip 8. This corporation owes the current year Intangible □ No 30 Personal Property Tax. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LEIGH. RICHARD A. Street Address (P.O. Box Number is Not Acceptable) 82 1801 LEE RD #360 WINTER PARK FL 32789 85 Zip Code 84 City 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 agent. I am 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 (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Addition ☐ Change DELETE TITLE **PSD** 11 TM 6 LEIGH, RICHARD A 1.2 NAME NAME 1801 LEE RD #360 1.3 STREET ADORESS STREET ADDRESS WINTER PARK FL 32789 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change ☐ Addition 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or organ attachment with an address with all other like empowered.

TED NAME OF SIGNING FICER OR DIRECTOR

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

CR2E034 (11/98)