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

**PROFIT** CORPORATION

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## ANNUAL REPORT 1999 DOCUMENT # **S23694**

## Feb 11, 1999 8:00 am Secretary of State 02-11-1999 90021 031 \*\*\*150.00

	A REALTY OF ORLANDO, IN	IU.					
Principal Place	e of Business	Mailing Address			T I DOTTOTO ISO BIORR TILIS DITED INDIC MINES ANDES O		1 B1811 B1811 1881
2596 CREEKVIE		2596 CREEKVIEW CIRCLE					
OVIEDO FL 32765 OVIEDO FL 32765				DO NOT WESTER IN THIS	00405		
US US				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		
		1 a 44.77 A.01			01/07/1991 4. FEI Number	<del>- 11</del> ,	Applied For
2. Principal P	lace of Business	2a. Mailing Address					Applied For Not Applicable
21		26			59-3050042		Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Required
22 City B Chat		City & State			C. Flastica Compaign Financian		0 May Be
City & Stat	le .				6. Election Campaign Financing Trust Fund Contribution		d to Fees
23 Zin	Country	Zip	Country	,	This corporation owes the current year In:		
Zip			30		Personal Property Tax.	langible ☐ Yes	□No
24	9. Name and Address of Curren		101		10. Name and Address of New Registered		
	J. Haille Alia Address of Culter	it trogistored rigorit	81	Name		· · ·	
RUĎ	OLPH, CRAIG W.				· · · · · · · · · · · · · · · · · · ·		
2596 CREEKVIEW CIRCLE			82	Street	Address (P.O. Box Number is Not Acceptable)		
	DO FL 32765		83				11 , 15!
	200,1202,20						
			84	City	FL	. 85 Zir	o Code
11. Pursuant office or i	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obliga	2 and 607,1508, Florida Statute of Florida. Such change was au tions of Section 607,0505. Flori	s, the above thorized by	e-named the corpo	corporation submits this statement for the purpose of oration's board of directors. I hereby accept the appo	intment as	ts registered registered
SIGNATURE				••			
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE:	Registered Ager	••	required when reinstating) . DATE	ND DIRECT	TORS IN 12
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NOTE:	Registered Ager	••	ADDITIONS/CHANGES TO OFFICERS A		
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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 control 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 changes, or on an affectment with an address, with all other like empowered.

SIGNATURE: