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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # \$40529**

1. Corporation Name

Principal Place of Business Mailing Address		••
051 DOCTOR PHILLIPS BLVD 7051 DOCTOR PHILLIPS BLVD		
UITE 7 SUITE 7		
RLANDO FL 32819 ORLANDO FL 32819	DO NOT WRITE IN THIS SPACE	
S US	3. Date Incorporated or Qualifed	ļ
	03/25/1991	
Principal Place of Business     2a. Mailing Address	4. FEI Number Applied For	
26	59-3060128 Not Applica	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27	5. Certificate of Status Desired   \$8.75 Additional Fee Required	
City & State City & State	6. Election Campaign Financing \$5.00 May Be	
28	Trust Fund Contribution Added to Fees	
Zip Country Zip Countr	01 1110 001 perental and a land 1	İ
25 29 30	Personal Property Tax Yes	
9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent	
NOWELL, JOHN	10Well, Work	
7758 WALLACE RD.	Street Address (P.O. Bex Number is 190) Acceptable	Į
SUITE A	1051 Dr. Frucegis leng	
ORLANDO FL	'l # 7	
84	City O / S 4 -4 E 85 Zip Code	_
	" W Lando FL 3284	
	e-named corporation submits this statement for the purpose of changing its register.	ea l
office or registered agent, or both, in the State of Florida. Such change was authorized by agent. I am familiar with and accept the obligations of, Section 607.0505. Florida Statute	9/28///	#0
office or registered agent, or both, in the State of Florida. Such change was authorized by agent. I am familiar with and accept the obligations of, Section 607.0505. Florida Statute SIGNATURE  Signature, poor proted name of registered agent and trib if applicable. (NOTE: Registered Agent)	or the corporation's board of directors. Thereby accept the appointment as registered s.	
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SIGNATURE:

TITLE

NAME

STREET ADDRESS

DELETE

6.1 TITLE

6.2 NAME

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**FILED** 

May 10, 1999 8:00 am Secretary of State

05-10-1999 90066 049 \*\*\*150.00

☐ Change

Addition

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