Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90083 020 ***150.00

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 # \$52924

1. Corporation Name

EVELOBATION TOADING INC

EXPLUR	ATION THADING, INC.						
Principal Place	e of Business	Mailing Address			1 (00))(01) (01) Divid high review (10)	F1841 B1814 B1	E11 01811 1081
1850 LEE RD		1850 LEE RD					
SUITE 300 SUITE 300					DO NOT WRITE IN THIS SPACE		
WINTER PARK FL 32789 WINTER PARK FL 32789				3. Date Incorporated or Qualifed			
					05/13/1991		•
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	App	olied For
21		26			59-3067655	Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	8.75 A	1
22		27				Fee Red	<u>-</u>
City & Stat	0	City & State	تئد بین سب	بمسرح بالتسعاد ده ج		\$5.00 to	
23		28	Country		Trust Fund Contribution		rees
Zip						□No	
24	9. Name and Address of Curre		50 ₁		10. Name and Address of New Registered Age	ent	
	9. Name and Address of Confe	int tragiate ou Agent	81	Name		-	
BESHARA, EDWARD C.			82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
	LEE RD		Siledi Au		COS (1.0. DOX 11ambor to 11bt) to copiesto,		
SUITE 300			83	83		İ	
WIN	TER PARK FL 32789	•	84	City		35 Zip C	ode
				'	oration submits this statement for the purpose of characters. I hereby account the appointment	ĺ	
office or r agent. I a SIGNATURE	registered agent, or both, in the Stat im familiar with, and accept the oblig Signature, typed or printed name of registered as	anum - 4	ua statute:	the corporation of the corporati			
12.	OFFICERS AND DIRECTORS 13.				ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTO	RS IN 12
TITLE	DP SOULARD CONTAINS	DELETE 1.1 TIT] Criange	
NAME	D20111111 05 111110 01		1.2 NAME				
STREET ADDRESS			1	T ADDRESS			
CITY-ST-ZIP			1.4 CITY-S 2.1 TITLE	ST-ZIP		7 Change	Addition
TITLE			2.2 NAME		_	- •	
NAME				T ADDRESS			
STREET ADDRESS CITY-ST-ZIP			2.4 CITY-	Į.			
TITLE			3.1 TITLE	<u></u>		Change	Addition
NAME			3.2 NAME			- حضيما	-
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE	DELETE 4.1 T		4.1 TITLE] Change	Addition
NAME	1		4. 2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP				ST-ZIP		Channe	Addition
TITLE			5.1 TITLE		L.] Change	רוסמוומטים ר
NAME			5.2 NAME	1			
STREET ADDRESS		•		ET ADDRESS			
CITY-ST-ZIP		☐ DELETE	5.4 CITY+			Change	Addition
TITLE	628		5.7 III.E				
NAME			6.2 NAME				l

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 eceiver 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 the authority and address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADORESS

CITY-ST-ZiP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR