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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1. Corporation	MENT # S70380 ERNATIONAL CORP.				•			
100 1111	EMATIONAL COM							
Principal Place	e of Business	Mailing Address				T (BB)(91) th then were street have ment again and	II Ø(B)I BIBII A	fürt kikir temi
220 N. ORLAND	O AVE	220 N. ORLANDO AVE						
WINTER PARK FL 32789		WINTER PARK FL 32789				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						08/01/1991		}
2. Principal Pi	lace of Business	2a. Mailing Address			•	4. FEI Number	Ap	plied For
21		26				59-3076405		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 A	
22		27					Fee Re	
City & State	9	City & State				6. Election Campaign Financing	\$5.00 Added to	
23	Country	28	Cour			Trust Fund Contribution		o rees
Zip	Country	Zip	30	iti y		This corporation owes the current year Intal Personal Property Tax.	igibie ∐Yes	☑No
24	25 9. Name and Address of Curren	29 Segistered Agent	301			10. Name and Address of New Registered A	=	
	9. Hame and Address of Curren	t vediate on valent		81	Name	,	<u> </u>	
ALBRIGHT, CHRIS				82	Object Andre	days (D.O. Days Mars in Net Accordable)		
220	n. Orlando ave.					dress (P.O. Box Number is Not Acceptable)		
WIN	TER PARK FL 32789							
			1	_	Oir.		85 Zip (`ode
				84	City	FŁ	85 Zip C	2000
office or n	to the provisions of Sections 607.050; egistered agent, or both, in the State m familiar with, and accept the obligat	of Florida. Such change was at	utnorizea	Dy 1	tne corporat	poration submits this statement for the purpose of clion's board of directors. I hereby accept the appoint	hanging its ment as req	registered gistered
SIGNATURE	Signature, typed or printed name of registered ager	t and title if applicable (NOTE	· Penistered	Aneni	t signature requir	red when reinstating) DATE		
12.		D DIRECTORS	13,		, arginatara radan	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12
TITLE				LE		,	Change	☐ Addition
NAME	· · · · · · · · · · · · · · · · · · ·		1,2 NA	1.2 NAME				
STREET ADDRESS			1.3 STI	1.3 STREET ADDRESS				}
CITY-ST-ZIP				Y-ST	r-zip	·		
TITLE				LE_		*	Change	☐ Addition
NAME:			2.2 NA	ME				Ì
STREET ADDRESS			2.3 STI	REET	ADDRESS			
CITY-ST-ZIP			2.4 CI	TY- <u>S</u>	T-ZIP			
TITLE		☐ DELETE	3.1 717	l.E	1		☐ Change	Addition
NAME		* •	3.2 NA	ME	-		- /	-
STREET ADDRESS			3.3 ST	REET	ADDRESS			
CITY-ST-ZIP			3.4. CI		T-ZIP			T Addison
TITLE		☐ DELETE	4.1 T∏				Change	. Addition
NAME			4. 2 NA					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		D DELETE	4.4 CIT	_	T-ZIP		Change	Addition
TITLE		☐ DELETE	5.1 TIT 5.2 NA				□ onlange	
NAME					ADDRESS			,
STREET ADDRESS	•		5.4 CII					
CITY-ST-ZIP		DELETE	6.1 TIT				Change	Addition
TITLE			6.2 NA					

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 corporation of the corporation or the

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP