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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$77112

1. Corporation Name

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90195 041 ***150.00

	/IAP, ING.								
D. Santana I. Diana	-50	Mailing Address			*	-\	DŞO HIŞI QUALL	INII DENII UIDIE I	I BALL DIQUE LEGI
Principal Place		•	-						
1404 E. ROBINSON STREET 1404 E. ROBINSON STREET ORLANDO FL 32801 ORLANDO FL 32801			:1			DO NOT MIDE	TC IN TUIC	SDACE	
						DO NOT WRI	IE IN THIS	SPACE	
						3. Date Incorporated or Qualifed 08/30/1991			
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
21		26			65-0298154		No	t Applicable	
Suite, Apt. #	f, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75	
22		27						Fee Re	
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added 1	
23	Country	Zip	Count	tru		 	ent voor Int		101 003
Zip	Country	<u>1</u>	30	u y		 This corporation owes the curr Personal Property Tax. 	erk year int	Yes	□No
24	9. Name and Address of Curre	29 Agent '	1301			10. Name and Address of New I	Registered	<i>-</i>	
	5. Name and Address of Curre	III Negistered Agent		31 N	Name				
DEMF	RO, PHILIP A.					(0.0 S. N. J. J. N. J. A. J.	-L(a)		
1404 E. ROBINSON STREET		82 Stree		Street Addre	ess (P.O. Box Number is Not Accepta	able)			
ORLA	NDO FL 32801		Į.	83				_ -	
				B4 (City			85 Zip (Code
						1	FL	shanaina ita	ragistared
office or re	gistered agent or both in the State	e of Florida. Such change was a	nithorized l	bv the	amed corpo e corporatio	pration submits this statement for the n's board of directors. I hereby acce	purpose of pt the appoi	ntment as re	gistered
agent. I an	n familiar with, and accept the oblig	pations of, Section 607.0505, Flo	rida Statut	es.					
SIGNATURE									
	Signature, typed or printed name of registered ag				gnature required	when reinstating)	DATE	IN DIBECTO	DRS IN 12
12.	OFFICERS A	ND DIRECTORS	13.	gent sig	gnature required	when reinstating) ADDITIONS/CHANGES TO OF			DRS IN 12
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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 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 chapped, or on an attachment with an address, with all other like empowered.

SIGNATURE: Low

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (11/98)