Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90004 027 ***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 # \$80705 1. Corporation Name

ENDOLA	P, INC.				
Principal Place	of Business	Mailing Address		1 (801(818 (8))85((48)(1 109)(8818) 81((818)) PIBIL A (B() A(B)(\$1\$() B (B ()
3012 MERCY DRIVE 3012 MERCY DRIVE ORLANDO FL 32808				DO NOT WRITE IN TH	S SPACE
				 Date Incorporated or Qualified 09/16/1991 	
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
1		26		59-3078143	Not Applicab
Suite, Apt. i	ŧ, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
•	25	29	0	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registere	d Agent
11. Pursuant office or reagent. I ar	MERCY DRIVE ANDO FL 32808 o the provisions of Sections 607.05 gistered agent, or both, in the State of familiar with, and accept the oblig	e of Florida. Such change was aut	horized by the corpor	prporation submits this statement for the purpose ation's board of directors. I hereby accept the app	of changing its registered
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: R	Registered Agent signature req	ulred when reinstating) DATE	
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	. 🗋 DELETE	1.1 TITLE		☐ Change ☐ Addit
NAME STREET ADDRESS	LASOTA, A.J. 4414 DUNWOODY PL.		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP		
TITLE	D	DELETE	2.1 TITLE		☐ Change ☐ Addit
NAME	FOLSE, RONALD K.	-	2.2 NAME		
STREET ADDRESS	925 MARLENE DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	GRETNA LA		2.4 CITY-ST-ZIP	_	
TITLE		[] DELETE	3.1 TITLE		Change Addit

6.4 CITY-ST-ZIP CITY-ST-ZIP 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 if trie 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 of 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 attachment with an address, with all other like empowered.

3.2 NAME 3.3 STREET ADDRESS

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

34. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME.

TITLE

NAME

Change

☐ Change

Change

☐ Addition

☐ Addition

Addition