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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V11654

1. Corporation Name

Principal Place of Business	Mailing Address
5032 W. COLONIAL DRIVE	5032 W. COLONIAL DRIVE
ORLANDO FL 32808	ORLANDO FL 32808

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90291 011 ***150.00

IIC OF	ORLANDO, INC.							
Principal Plac	e of Business	Mailing Address	"				1 #5#1) 61 #11 #5#11 6 1#	II #1811 81911 1891
5032 W. COLONIAL DRIVE 5032 W. COLONIAL DRIVE ORLANDO FL 32808 ORLANDO FL 32808					DO NOT WRITE IN	THIS SPACE		
						3. Date Incorporated or Qualifed 02/03/1992		
2. Principal P	lace of Business	2a. Mailing Addr	ess			4. FEI Number		Applied For
21		26				59-3104705	<u> </u>	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #	, etc.			5. Certifcate of Status Desired		Additional
22		27				3. Certificate of Status Desired	Fee l	Required
City & Stat	e	City & State				6. Election Campaign Financing		0 мау Ве
23		28[Trust Fund Contribution		d to Fees
Zip	Country	Zip		Country		8. This corporation owes the current y		
24	25	29	30			Personal Property Tax. 10. Name and Address of New Regis	Yes tered Agent	□No
	9. Name and Address of Curi	rent Registered Agent		81	Name	iv. Name and Address of New Regis	resen where	
Δ11	ESSAMELDIN			[]	1121110			
	2 W. COLONIAL DRIVE			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
	ANDO FL 32808			83			 _	
	741DO 1 E 02000			03		·		
				84	City		FL 85 Zij	p Code
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such chan	ige was authori	ized by t	the corporat	poration submits this statement for the purp tion's board of directors. I hereby accept the	appointment as	registered
SIGNATURE	Signature, typed or printed name of registered	Her				red when reinstating) D.	197 ATE	
	Signature, typed or printed name of registered	agent and title if applicable. AND DIRECTORS	(NOTE: Regist			4/17	TTT RS AND DIRECT	TORS IN 12
SIGNATURE	Signature, hybrid or printed name of registered of Printed Printed Name of Pri	agent and title if applicable. AND DIRECTORS	(NOTE: Regist	stered Agent		red when reinstating) D.	197 ATE	TORS 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 changed, or on an attachment with an address, with all other like empowered.

467)578-3463