**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # V18411

## **FILED** Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90141 043 \*\*\*150.00

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Principal Place	e of Business	Mailing Address		1 1884 SHEEL HERT LEAD HERE HERE HER	611 61611 91911 91911 91911 9	
% 1851 PALM	BAY ROAD. N.E.	2400 N. FORSYTH RD.				
SUITE 1		202		DO NOT WRITE IN T	HIS SPACE	
PALM BAY FL	32905	ORLANDO FL 32807 US		3. Date Incorporated or Qualifed	III3 31 ACE	
		03		02/27/1992		
2 Drivered D	lace of Business	2a. Mailing Address	<del>_</del>	4. FEI Number	Applied	d For
ー・・ウム	Delm Bay Rd		e Dr	59-3108515	<u> </u>	plicable
21 1 3 0   Suite, Apt.	# atc	Suite, Apt. #, etc	001		\$8.75 Addit	
22	<i>π</i> , σιο.	27 2		5 Certifcate of Status Desired	hee Require	
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23 Pal	m Bav FL	Oviedo.	H	Trust Fund Contribution	Added to Fe	
Zip Zip	Country	Zip	Country	8. This corporation owes the current year	r Intangible	
24 32	905 25 USA	29 32765 3	30	Personal Property Tax	Yes D	10
	9. Name and Address of Curre			10. Name and Address of New Register	red Agent	
			81 Name			
	RRIS, GREGORY F.		82 Street Add	dress (P.O. Box Number is Not Acceptable)		<del></del> -
<del>2400</del>	ON FORSYTH RD SIS	Eyrie Dr	Office 7 Max			
SUIT	<del>IE-2</del> 02 坤 2	Eyrie Or ido FL 32765	83			
ORL	ANDO FL 32807 OVIE	do FL 32765	041 04		85 Zip Code	
	_		84 City	1	FL S ZIP COde	•
agent. La	am familiar with, and accept the obliga	ations of, Section 607 0505, Florid	da Statutes	tion's board of directors. I hereby accept the ap		
	Signature, typed or printed name of registered age		tegistered Agent signature requi			
12.	, <del></del>	ND DIRECTORS	13	ADDITIONS/CHANGES TO OFFICERS		Addition
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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.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR