PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT, OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **V29254**

1. Corporation Name

FORTY FIVE CORPORATION

_						
Principal Place of Business Mailing Address						
1705 EASY CO		1705 EASY COURT				
KISSIMMEE FL	34741	KISSIMMEE FL 3474) US	KISSINMEE FL 34741		DO NOT WRITE IN THIS SPACE	
US		03			3. Date Incorporated or Qualifed	
KISSI	MMPP				04/16/1992	
2. Principal Pl	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number Applied For	
21 1705 EASY COURT		28	26		59-3122264 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Cartificate of Status Desired \$8.75 Additional	
ZZKISSIMMEE, FL.34741					Fee Requires	
City & Stat		City & State			6. Election Campaign Financing \$5.00 May 8e	
34741	USA	28			Trust Fund Contribution Added to Fees	
Zlp	Country	Zip	Country		8. This corporation owes the current year Intangible	
24	25	29	30		Personal Property Tax. Yes No	
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registered Agent	
			81	Name	FLORENCE MALFA	
	WN, LESTER		82	Street A	ddress (P.O. Box Number Is Not Acceptable)	
1705 EASY COURT				1705	EASY COURT	
KISSIMMEE FL 34741					- CAFL 1	
					TOUR PT. 2/7/1	
		•	84	City	IMMEE FL 85 Zip Code 34741	
SIGNATURE	FLORENCE Signature, typed or printed name of registered a			en-	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.		AND DIRECTORS TO DELETE	13, 1,1 TITLE		P/T/S/D/C X Change Addition	
TITLE	DCP	Of pereis			FLORENCE MALFA	
NAME	BROWN, LESTER		12 NAME		1705 EASY COURT	
STREET ADDRESS			1.3 STREET		KISSIMMEE, FL. 34741	
CITY-ST-ZIP	KISSIMMEE FL	TX DELETE	1.4 CITY-ST	-20P	Change Addition	
TITLE	DCPT	TV DECE IS	2.1 TITLE			
NAME	BROWN, LESTER		2.2 NAME			
STREET ADDRESS	1705 EASY COURT		23 STREET	ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34741		2.4 CITY-5	T-ZIP	☐ Change ☐ Addition	
TITLE	S	(X) DELETE	31 TITLE	- }	Cuttinge Distriction	
NAME	BROWN, LESTER		32 NAME	1		
STREET ADDRESS	_1705_EASY_CT		_ 33 STREET	ADDRESS _		
CITY-ST-ZIP	KISSIMMEE FL 34741		3.4. CITY-S	T-ZIP	☐ Change ☐ Addition	
TITLE .		☐ DELETE	4.1 TITLE	1	Change Addition	
NAME	}		4.2 NAME	- 1		
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST	-ZIP		
TITLE]	☐ DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME	ļ		
STREET ADDRESS	1		5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY-31	-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition	
NAME	1		6.2 NAME			
STREET ADDRESS	1		6.3 STREET	ADDRESS		
CITY-ST-ZIP	· ·		6.4 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 suppliemental 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.

May 05, 1999 8:00 am Secretary of State

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