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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # **V45319**



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 14, 1999 8:00 am Secretary of State 04-14-1999 90125 027 ***150.00 Katherine Harris

AU I O T II	ND 1.M. INC.					į							
Principal Place	of Business	Mailing Address					1 (1)	II DIIBII BIBDI	OHOO HIIBE A) 04 0 44 0101		
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5429 HANSEL A #N11	IVE	5429 HANSEL AVE STE N11											
ORLANDO FL 32809		ORLANDO FL 32809					DO	NOT WR	ITE IN T	HIS SPAC	E		
US US						3.	3. Date Incorporated or Qualifed						
							06/19/	1992					
2. Principal Pl	ace of Business	2a. Mailing Address				4.	FEI Num	ber				App	olied For
21)		26	26				59-3130628				Not	Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					Cortifoot	e of Status	Dogirod		\$8	.75 A	dditional
22		27				3.		o Ol Status			F	ee Red	quired
City & State		City & State				6.	Election	Campaign I	Financing		\$	5.00 :	May Be
23		28					Trust Fu	nd Contribu	tion		A	dded to	Fees
Zip	Country	Zip	Cou	ntry		8.	This corp	oration ow	es the cur	Tent year			i
24	25	29	30					Property T			LJ Ye		□No
	9. Name and Address of Currer	nt Registered Agent		a a 1 .		10.	Name a	nd Address	s of New	Register	ed Agent		
MED	DILL COMADD LL III		l	81	Name								
	RILL, EDWARD H. III			82 :	Street A	ddress (F	P.O. Box N	lumber is N	lot Accept	table)			
	HANSEL AVENUE N-11					<u> </u>							
OHL	ANDO FL 32809			83									1
			į	84	City						85	Zip C	ode
			1	- 1	•				_		·∟∣		
													registered
11, Pursuant	to the provisions of Sections 607.050	2 and 607 1508, Florida S	tatutes, the al	ove-r	named c	orporation	n submits	this statem	ent for the	purpose	of chang	ing its i	rictored
office or n	egistered agent, or both, in the State	of Florida. Such change w	as autnorized	by the	named corpor	orporation ration's bo	oard of dir	this statem ectors. I he	ent for the reby acce	ept the ap	of chang pointmen	t as reg	gistered
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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 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.

SIGNATURE: