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PROFIT CORPORATION ANNUAL REPORT

1999

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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 20, 1999 8:00 am Secretary of State 02-20-1999 90071 038 ***150.00

Daytime Phone #

Date

| Corporation | MENT # V63446 Name I. SKILLING & ASSOCIATI | | | | | | | | | |
|--|--|--|------------|--|--|---|------------------------------|----------------------------|--|--|
| Principal Place | of Business | Mailing Address | | | | - I (BAIL BIIDIN BIIDIN SIIKI DI | (A)(A(B)& A)() a.a. | | | •., .••. |
| 832 N THORNTO | | 832 N THORNTON AV | E | | | | | | | |
| ORLANDO FL 32903 US | | ORLANDO FL 32803 | | | | DO NOT | WRITE IN TH | IS SPACE | | |
| | | US | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed | | | | | |
| | | • | | | | 09/14/1992 | | | | 1 |
| | | 2a. Mailing Address | | | | 4. FEI Number | - | | Applied | For |
| 2. Principal Pia | ace of Business | 26 26 | | | | 59-3140172 | | | Not App | olicable |
| Suite, Apt. # | f oto | Suite, Apt. #, etc. | | | | | red 🗆 | , | 5 Additi | , |
| 22 Suite, Apr. 7 | r, 610. | 27 | | | | 5. Certifcate of Status Desir | | Fee | Require | ed |
| City & State | • | City & State | | | | 6. Election Campaign Finan | ncing | • | 0 Мау | 1 |
| 23 | | 28 | | | | Trust Fund Contribution | | | ed to Fe | es (|
| Zip | Country | Zîp | | Country | | 8. This corporation owes the | e current year | Intangible Yes | ⊠N | , |
| 24 | 25 | 29 | 30 | L | | Personal Property Tax. 10. Name and Address of I | Nou Pagisters | | | - |
| | 9. Name and Address of Curr | ent Registered Agent | | 81 | Name | 10. Name and Address of t | ten Negistor | ou Agom | | |
| CKII I | ING, MARION I | | | | | | | | | |
| | N THORNTON AVE | | | 82 | Street Add | ress (P.O. Box Number is Not A | cceptable) | | | ı |
| | ANDO FL 32803 | | | 83 | | . | | | | |
| ONL | (NDO 1 E 32003 | | | 55 | | | _ | | | |
| | | | | 84 | Cibe | | | :L 85 ² | Zip Code | • |
| | | | | 10- | City | | | | | |
| 44 Dureuant | to the provisions of Sections 607.0 | 502 and 607.1508, Florida \$ | Statutes, | | | poration submits this statement f | or the purpose | of changing | j its regi | stered |
| office or re agent. I as | to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli | igations of, Section 607.050 | 5, Florida | the above orized by the Statutes. | -named corporati | | or the purpose | of changing | j its regi s registe | stered ered |
| office or re agent. I as | egistered agent, or both, in the Sta in familiar with, and accept the obli Signature, typed or printed name of registered a | gations of, Section 607.050: | 5, Florida | the above orized by the Statutes. | -named corporati | ed when reinstating) | or the purpose accept the ap | of changing pointment a | | |
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