FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 02 1998 8:00am Secretary of State

City & State City		1990	DIVISION	CONFOR				
Principal Place of Business 89 £ OW ST. SUITE 104 WISSIAMEE FL 1974 2. Principal Place of Business 3. Det incorporated or Qualified 09/17/1922 2. Principal Place of Business 3. Det incorporated or Qualified 09/17/1922 3. Det incorporated or Qu								
Principal Place of Business Mating Address 806 E AM ST SUITE 104 NSSMMEE R 1 9/1/4 NSSMMEE R 1	FAITAI	PULLIO HANCOTAICIATO C	of Florida, ING.	i annia dalgin dalga didak ibona dalah lina dalah dibik dida	1 8 (8 (8 3 (8 (8)	I 8(8)) IBB)		
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2. Principal Place of Business 2. Making Address 3. 4. FEI Number 5. 5. Principal Place of Business 2. Making Address 4. FEI Number 5. 5. Principal Place of Business 2. 2. Making Address 5. 5. Certificate of Status Desired 5. Certificate 5. Certific						DO NOT WRITE IN THIS	SPACE	
Principal Pilace of Business 22. Mailring Address 3. Mailring Address 4. FEN purthers Applicat For	KISSIMMEE FI	L 94/44	MISSIMMLE IE STITT				OFFICE	
Sulfio, Apt. #, etc. Sulfio, Apt. #, etc.								
Suite: Apt 4, etc. Suite: Apt 4, etc. Suite: A	2. Principal Pl	Principal Place of Business 2a. Mailing Address					Ar	plied For
City & State 27						59-1170683		
City & State City & State City & City						5. Certificate of Status Desired		1
28 Tust Fund Contribution Added to Pees						& Floation Compaign Financing		
Zip Country Zip Country								
28 29 30 Personal Property Tax due June 20 "ris & \$20 ho 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name		Country		Coun	Iry			
COUTTS, ALAN 809 E OAK ST SUTTE 104 KISSIMMEE FL 34744 80 City	24			30		Personal Property Tax due June 30.	🔲 Yes 🌡	No
BOD E DAK ST SUTE 104 KISSIMMEE FL 34744 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 697 0502 and 697 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. an accept the obligations of, Section 607 505, Florida Statutes 86 City FL 86 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 697 0502 and 697 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. an affiliativitie, and accept the obligations of, Section 607 505, Florida Statutes 86 City FL 86 City FL 87 City FL 87 City FL 86 City FL 87 City FL 86 City FL 87 City FL 87 City FL 87 City FL 88 Cit			ent Registered Agent		<u> </u>	10. Name and Address of New Registered	Agent	
SUITE 104 KISSIMMEE FL 34744 Sa				1	Name			
KISSIMMEE FL 34744 83 64 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0506, Florida Statutes the above-named corporation's board of directors. I hereby accept the appointment as registered spent. I am familiar with, and accept the obligations of, Section 607 0506, Florida Statutes SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. NAME OUTTS, ALAN SIRECT ADDRESS OITY-ST-2P OFFICERS AND DIRECTORS 13. SIRECT ADDRESS OITY-ST-2P OUTTS, ALAN SIRECT ADDRESS OITY-ST-2P OFFICERS AND DIRECTORS 14. CITY-ST-2P OFFICERS AND DIRECTORS IN 12 13. SIRECT ADDRESS OITY-ST-2P OFFICERS AND DIRECTORS IN 12 14. CITY-ST-2P OFFICERS AND DIRECTORS IN 12 14. CITY-ST-2P OFFICERS AND DIRECTORS IN 12 15. SIRECT ADDRESS OITY-ST-2P OUTTS, ALAN SIRECT ADDRESS OITY-ST-2P OFFICERS AND DIRECTORS IN 12 15. SIRECT ADDRESS OITY-ST-2P OFFICERS AND DIRECTORS IN 12 15. SIRECT ADDRESS OITY-ST-2P OFFICERS AND DIRECTORS IN 12 15. SIRECT ADDRESS OITY-ST-2P OFFICERS AND DIRECTORS IN 12 16. Addition OR OUTTS, ALAN SIRECT ADDRESS OITY-ST-2P OFFICERS AND DIRECTORS IN 12 15. SIRECT ADDRESS OITY-ST-2P OFFICERS AND DIRECTORS IN 12 16. Addition OR OUTTS, ALAN OR OUTTS					32 Street Ac	dress (P.O. Box Number is Not Acceptable)		
11. Pursuant to the provisions of Socions 607 0502 and 607 1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the purpose of changing its registered agent, or both, in the State of Tlorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Tlorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Tlorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Tlorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Tlorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the State of Tlorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both and accept two obligations. I hereby accept the appointment as registered agent, or both and accept two obligations. I hereby accept the appointment as registered agent, or both accept two obligations. I hereby accept the depointment as registered agent, or both accept two obligations. I hereby accept the depointment as registered agent, or both accept two obligations. I hereby accept the depointment as registered agent, or both accept two obligations. I hereby accept the depointment as registered agent, or both accept two obligations. I hereby accept the depointment as registered agent, or both accept two obligations. I hereby accept the depointment as registered agent, or both accept two obligations. I have a control of the purpose of the appointment as registered agent. I have a control of the purpose of the control of the purpose of the purpose of the accept the control of the purpose of the contr	T T T T T T T T T T T T T T T T T T T				12			
11. Pursuant to the provisions of Socions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Horida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Horida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Horida Statutes. SIGNATURE Tend	NISSIMMEE PL 34/44				, ,			
11. Pursuant to the provisions 67 D5002 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered appointment as registered appointm				8	City		85 Zip (Code
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and faculate to obligations of, Socion 607 505, Florida Statutes. SIGNATURE 12.	11. Pursuani t	to the provisions of Sections 607.0	502 and 607.1508, Florida Stat	tutes, the abo	ove-named co	progration submits this statement for the nurnose of	f changing it	s registered
SIGNATURE Signature, hyperd or prolited move of mysteric all great and 184-10 agreed. (NOTE Registrated Agent signature required when reinstationg)	office or re	egistered agent, or both, in the Sta	ite of Florida. Such change wa	is authorized	by the corpo	ration's board of directors. I hereby accept the app	pointment as	registered
12.	•	Transmite their, and accept the cer	ngarione or, economicor icocop	Tiorida otata				
TITLE	SIGNATORE	Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agen						
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NAME	City-St-ZIP	KISSIMMEE FL		2. 4 CIT	Y-ST-ZIP			
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THE THERMAN LEGINA DIGITAL THE DISCUSSION WILLIAM SHIPLINGS FROM DURING THE EXCHIDION STATED IT SECTION FOR A STATE OF A	CITY-ST-ZIP	ertify that the information supplied	with this filing does not qualify	6.4 CITY or the exen	r-st-ziP notion stated	in Section 119.07(3)(i), Florida Statutes, I further c	ertify that the	information

4. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. I further certify that the information indicated on this annual report is rupplemental 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 computation of 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 change to it in a matter principle.

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