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PROFIT CORPORATION **ANNUAL REPORT** 1999

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State 04-26-1999 90077 012 ***150.00

Daytime Phone #

E WELLER !

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DOCUMENT # 1. Corporation Name	P98000045835
FARIANA SCHNEIDEI	R PA

ו הטוחומה	COUNCIDENTA								
Principal Place	e of Business	Mailing Address				{	ABRIT ABITE BE	1881 81181 1818 4	ERROR MARK LANGE
·		•							
10505 LARISSA STREET 10505 LARISSA STREET ORLANDO FL 32821 ORLANDO FL 32821						DO NOT WRITE	E IN THIS S	SPACE	
						3. Date Incorporated or Qualifed			
		•				05/19/1998			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
21		26				59-35/2/2	3	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						\$8.75	Additional
22		27				5. Certifcate of Status Desired	<u> </u>	Fee Re	quired
City & State	e	City & State				6Election Campaign Financing		-\$5.00	May Be
23		28				Trust Fund Contribution	<u></u>	Added t	o Fees
Zip	Country	Zip	$\overline{}$	untry		8. This corporation owes the currer	-		
24	25	29	30			Personal Property Tax.		☐Yes	□No
	9. Name and Address of Currer	t Registered Agent				10. Name and Address of New Re	gistered A	gent	
CCH	INCIDED EXPLANA			81	Name				
	ineider, fabiana 05 Larissa street			82	Street Add	fress (P.O. Box Number is Not Acceptab	le)		
	ANDO FL 32821								
ONL	ANDO PL 32021			83					ŀ
				84	City		FL	85 Zip (Code
						have the statement for the many		hanging its	rogietered
11. Pursuant	to the provisions at Sections 607.050	iz and 61/1.140/8, Florida Statu	ites, tn e i	above-	-патеч соп	poration subtilies this statement for the pr	the appelle	tment as re	nistered
office or re	egistered agent or both, in the State	of Florida/Such change was	authorize	ed by ti	he corporat	ion's board of directors. I hereby accept	rue abhain		gistered
office or re agent. I a	egistered agent, or/both, in the State im faniliar with and accept the obliga	of Florida/Sylch change was tions of Section 607.0505, F	authorize orida Sta	ed by that tutes.	he corporat	poration submits this statement for the pi ion's board of directors. I hereby accept	- /5 /	00	gistered
SIGNATURE	Marvaire	Jun &	•				73/2	£32	
SIGNATURE	Signature: the par printed name of registered ego	nt of the it applicable [NOT	E. Registere	ed Agent		red when reinstating)	/ DATE	<u> </u>	
SIGNATURE	Signature: Signature of registered age	M Sed site if applicables [NOT	E Registere	ed Agent			/ DATE	<u> </u>	
SIGNATURE 12. TITLE	Signature by the president representation of the Company of the Co	nt of the it applicable [NOT	Registere	ed Agent		red when reinstating)	/ DATE	D DIRECTO	PRS IN 12
SIGNATURE 12. TITLE NAME	SIgnation by Comment of registred age OPFICERS AND DP SCHNEIDER, FABIANA	M Sed site if applicables [NOT	13 1.1 7 1.2 1	ed Agent TITLE NAME	signature requir	red when reinstating)	/ DATE	D DIRECTO	PRS IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	SIGNATURE OF THE STREET ORLANDO FL 32821	M Sed site if applicables [NOT	1.3 1.4 (od Agent TITLE NAME STREET A	signature requir	red when reinstating)	/ DATE	D DIRECTO	PRS IN 12
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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 changes or an affattachment with an appears, with all other like empowered.