1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 149954

Corporation Name

FILED Mar 16, 1999 8:00 am Secretary of State

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5118 NORTH 50	OTH STREET	74 BAHAMA CIRCLE								
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US	· 1 · · · · · · · · · · · · · · · · · ·	·-···	-				Date Incorporated or Qualifed 01/01/1947	· 		
2. Principal Pl	lace of Business	2a. Mailing Address					FEI Number			pplied For
21 5118	North 56th Stree	26				ļ	59-0564735			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			,	5.	Certifcate of Status Desired		+	Additional lequired
City & State		City & State				6	Election Campaign Financing		\$5.00	May Be
Tamp	a, Fl	28	Соц	-tm.			Trust Fund Contribution		Added	to Fees
Zip 3361	Country	Zip		ıuy		8.	This corporation owes the cur	ent year int	angible □Yes 🎗	ZYTNo I
01 كرز 24		29	30				Personal Property Tax. Name and Address of New I			
	9. Name and Address of Current	Registered Agent		81	Name	10.	Mame and Address of New I	registered	Agent	
	MS, B.W.					see (D	.O. Box Number is Not Accept	able)		
	AHAMA CIRCLE			٠ ١	Street Addres	733 (F	.O. DOX HUMBER IS NOT ACCORD	abicy		
TAM	PA FL 33606			83	,_,_	•				
				84	City			FL	85 Zip	Code
11 Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the al	ove-r	named corpo	ration	submits this statement for the	purpose of	changing it	s registered
Office or n	egistered agent, or both, in the State om familiar with, and accept the obligation	t Florida. Such change was a	INDODZEC	יחז עמ	e corporation	n's bo	ard of directors. I hereby acce	pt the appoi	ntment as r	egistered
agent. I a	m lamiliai with, and accept the obligation	bils 61, 3ection 607.0000, 110	ilda Otati	ites.						ľ
agent. I a					ignature required	when re	einstating)	DATE		,
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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 changed, or on an exactment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(813) 626-7222