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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 487024

ZACUR & GRAHAM, P.A.

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Principal Plac	ce of Business	Mailing	Address			-			10 11013 6 381 Dini	i Biall Blait aici		
5200 CENTRAL AVE. 5200 CENTRAL AVE. ST. PETERSBURG FL 33707-1834 ST. PETERSBURG FL 33707-1834							DO NOT WRITE IN THIS SPACE					
	ស្លីរ						3. Date Inc. 10/02/	corporated or Qualif				
2. Principal P	Place of Business	2a. Mai	iling Address				4. FEI Num	nber	-,	- F	Applied For	
21		26					59-162	28312	_		Not Applicable	
Suite, Apt.	. #, etc.	Suit	te, Apt. #, etc.				1			\$8.75	Additional	
22		27					5. Certificat	te of Status Desired	<u> </u>	Fee f	Required	
City & State		City	City & State				6. Election	Campaign Financi	ng _	\$5.00	0 May Be	
23		28					1	ind Contribution			d to Fees	
Zip	Country	Zip		Cour	ntry		8. This corp	poration owes the o	current year I	ntangible		
24	25	29		30			Persona	Property Tax.		Yes	□No	
	9. Name and Address of Curre		d Agent				10. Name a	nd Address of Ne	w Registere	d Agent		
004	LIAM DETER D	4. F		1	81 1	Name					,	
	HAM, PETER D			ŀ	82 5	Straat Addre	see /P O Boy N	Number is Not Acce	entable)			
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,					84 (City			F	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.05	0502 and 607.15	508. Florida Statu	tes, the at	ove-n	amed corpo	ration submits	this statement for t	the purpose of	of changing it	ts registered	
office or r	registered agent, or both, in the Stat	ate of Florida. St	uch change was a	authorized	by the	corporation	n's board of dir	rectors. I hereby ac	cept the app	ointment as r	registered	
agent. i a	am familiar with, and accept the oblig	igations of, Sect	tion 607.0505, File	orida Statu	ites.							
SIGNATURE	Classical broad or printed game of projectered or	t and title if applic	(NOTE	": Danistared i	* nont sk	- Short required	·· + no reinetating) :		DATE			
	Signature, typed or printed name of registered as				Agent siç	gnature required v	when reinstating)		DATE OFFICERS A	NO DIRECT	ODS IN 12	
12.	Signature, typed or printed name of registered as OFFICERS A	agent and title if applic		13.		gnature required		NS/CHANGES TO				
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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 attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

727-328-1000

FILED

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90007 004 ***150.00