1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secre ary of State DIVISION OF CORPORATIONS

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Principal Flace	e of Business		Mailing Address				- 1:88/01:8/// (53/: 83/: 16:8) (8/01:8/			BIBII BIBII IBBI	
5650 PARK BLVD.			5650 PARK BLVD.								
UNIT 4 UNIT 4											
PINELLAS PARK FL 33781-3354			PINELLAS PARK FL 34665			DO NOT WRITE IN THIS SPACE					
US							3. Date Incorporated or Qualifed 05/03/1978				
2. Principal P	lace of Business		2a. Mailing Address	_			4. FEI Number		A	pplied For	
21			26				59-1838487			or Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired]		Additional	
22			27							e triuited	
City & State	e		City & State				6. Electic n Campaign Financing]		May Be	
23			28				Trust Fund Contribution			to Fees	
Zip	Coun	itry	Zip	Cou	ntry		8. This corporation owes the current y			71	
24	25		29	30			Personal Property Tax.		Yes	□No	
	9. Name and Add	ress of Curren	Registered Agent		81 1	Name	18. Name and Address of New Regi	stert a A	gent		
IV.CF	KSON, JAMES E.				° ' '	Name					
	PARK BLVD., UNIT	г			82 3	Street Addre	ess (P.O. Bo): Number is Not Acceptable))			
	LLAS PARK FL 346			ļ							
FINE	LLAS PARK FL 340	30 0			83						
					84 (City		FL	85 Zip	Code	
11 Pursuant	to the provisions of Se	ections 607.0502	and 607.1508, Florida Stati	tes, the ab	oove-n	named corpo	oration submils this statement for the purpor's board of directors. I hereby accept the		nanging its	s registered	
office or r	egistered agent, or bo	th in the State (f Elorida, Such chagge was	authorized	L		in's board of directors. I hereby accept the	e ant oint	ment as re	egistered	
	m familiar with and a	nont the obligat	one of Section 607 0505 E	Inda Statu	Dy IIII	e corporatio	in a board or time clora. Thereby decept the	o opposit		U -	
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14. 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 suppliemental 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, by on an attach bent with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

JAMES E. JA JAMES E. JACKSON

4-23-99 (727) 541-2339