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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F13440

1. Corporation Name

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90052 006 ***150.00

							
Principal Place of Business	Mailing Address	<u> </u>				DIBIN 01015 01051 0	
3145 5TH AVENUE NORTH	3145 5TH AVENUE NOF	RTH					
P O BOX 14004 P O BOX 140					DO NOT MOTE IN THE	e enver	
ST PETERSBURG FL 33733 ST PETERSBURG		BURG FL 33733			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
					01/02/1981		
2. Principal Place of Business	2a, Mailing Address				4. FEI Number	I Ap	plied For
21	26				59-2074635		t Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.					\$8.75	
22	27				5. Certificate of Status Desired	Fee Re	quired
City & State	City & State	J . 7		T (%	6. Election Campaign Financing	\$5.00	May Be
23	28				Trust Fund Contribution	Added t	o Fees
Zip Country	Zip		untry		This corporation owes the current year Ir		
24 25	29	30			Personal Property Tax.	Yes	□No
9. Name and Address	of Current Registered Agent	 	81	Name	10. Name and Address of New Registered	Agent	
GRIMES, A GENE				Hame			
3145 5TH AVENUE NORTH			82	Street Add	tress (P.O. Box Number is Not Acceptable)		
ST. PETERSBURG FL 3373			83			_	
***************************************	-						
			84			. 85 Zip (Code
			04	City	Fi		
11. Pursuant to the provisions of Section	ns 607 0502 and 607 1508. Florida Sta	atutes, the a	above	named con	poration submits this statement for the purpose of	L	registered
office or registered agent, or both, in	n the State of Florida. Such change wa	is authorize	above	e-named corporat	poration submits this statement for the purpose of ion's board of directors. I hereby accept the apport	L	registered
office or registered agent, or both, in agent. I am familiar with, and accept	ns 607.0502 and 607.1508, Florida Str n the State of Florida. Such change wa t the obligations of, Section 607.0505,	is authorize	above	e-named corporat	poration submits this statement for the purpose of	L	registered
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CITY-ST-ZIP 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 attact than 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this annual report or supplied with the information indicated on this annual report or supplied with the information indicated on the same legal effect as if the information indicated on the information indicated

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

KRED