PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F21319

 Corporation 	n Name					
FINER S	CRAP PROCESSORS OF TA	MPA, INC.				
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Principal Place	e of Business	Mailing Address		-		ON DIEN IBEN
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3104 FIFTH AVE		3204 5TH AVE P. O. BOX 75336				
P. O. BOX 75336 P. O. BOX 75336 TAMPA FL 33675 TAMPA FL 33675			DO NOT WRITE IN T	HIS SPACE		
US			3. Date Incorporated or Qualifed			
	•			02/26/1981		,
2 Principal Pl	lace of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	4. FEI Number	App	lied For
— :	ace of business	⊢		59-2073711	``	Applicable
21	# ata	Suite, Apt. #, etc.		39 20/3/11	\$8.75 Ac	
Suite, Apt.		27		5. Certificate of Status Desired	Fee Req	
22)	· · · · · · · · · · · · · · · · · · ·	City & State		6. Election Campaign Financing	\$5.00 N	day Bo
City & State	ਰ	⊢ '		Trust Fund Contribution	Added to	
23) 7in	Country	28	Country			
Zip	· • • • • • • • • • • • • • • • • • • •	·	_ `	This corporation owes the current year Personal Property Tax.		□No
24]	25	_ 	30	10. Name and Address of New Registe		
	9. Name and Address of Current	Registered Agent	81 Name	10. Hattie and Address of Hen Aegiste	- ou rigoilt	
DADI	METT LEGIE I		I I I I I I I I I I I I I I I I I I I	·		
BARNETT, LESLIE J.		82 Street Add	ress (P.O. Box Number is Not Acceptable)		ļ	
601 BAYSHORE BLVD.			A STATE OF THE STA	** ** * * * * * * * * * * * * * * * *	50 50FB 1474	
			83			1121
IAM	PA FL 33606		84 City	STREET OF THE ST	85 Zip Ci	ode
		en v			<u> </u>	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above-named corr	oration submits this statement for the purpos on's board of directors. I hereby accept the a	e of changing its r	registered
1 Affine Arm	edistered agent, or both, in the State o	it Florida. Such change was au	thorized by the comparati	on s board of directors. I neleby accept the a	ppominient as jegi	istered ;
agent La	in familiar with, and accept the obligati	ions of Section 607.0505, Flori	da Statutes.			
i Alliagent. I ai	m familiar with, and accept the obligati	ions of, Section 607.0505, Flori	da Statutes.			
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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

FILED

Jan 22, 1999 8:00am

Secretary of State

01-22-1999 90003 016 ***150.00

813-247-5646