Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90128 048 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # 1 00

<ol> <li>Corporation</li> </ol>	INTERNATIONAL, INC.						
Principal Place of Business Mailing Address						#(#() #(#)( #(#)) #(	111 A1011 1001
3850 68TH AVE. NO. PINELLAS PARK EL. 34665		3850 68TH AVE. NO. PINELLAS PARK FL-94665			·	·• • • • • • • • • • • • • • • • • • •	
					3. Date Incorporated or Qualifed 07/17/1989	SPACE	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number 59-2963064	Not	lied For Applicable
		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	<b>\$8.75</b> Ac Fee Red	
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip g d	ip Country Zip		Country	/	8. This corporation owes the current year	ntangible	□No
24 3378	25		30]		Personal Property Tax.  10. Name and Address of New Registers		
	9. Name and Address of Current	Registered Agent	81	Name	10. Hallis and Address of the Megisters	<u></u>	
HICKS, DAVID C. 1353 87TH AVE. NO.			82		ress (P.O. Box Number is Not Acceptable)	_	
ST. F	PETERSBURG FL 33702		83			<del>-</del>	4.1
			84	City	F	85 Zip C	ode
office or r	egistered agent, or both, in the State on m familiar with, and accept the obligation	of Florida. Such change was au ions of, Section 607.0505, Flori	ithorized by ida Statutes	the corporat s.	poration submits this statement for the purpose ion's board of directors. I hereby accept the apparent when reinstaling)  DATE	of changing its i	registered listered
	Signature, typed or printed name of registered agent OFFICERS ANI	··	13.	in signature requi	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	_ RS IN 12
12. TITLE	P OFFICERS ANI	DELETE 1.1 TI			ADDITIONO/DIVINOED TO DIVINOENT	Change	Addition
NAME I	HICKS, DAVID C.						Ì
STREET ADDRESS	1353 87TH AVE. NO.		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL	= = = = = = = = = = = = = = = = = = =		ST-ZIP			
TITLE			2.1 TITLE			☐ Change	☐ Addition
NAME	HICKS, LINDA L.	22 N		ĺ			
STREET ADDRESS	1353-87TH.AVE. NO.		2.3 STREE	ET ADDRESS		e · . *	
CITY-ST-ZIP	ST. PETERSBURG		2. 4 CITY-	ST-ZIP		Change	Addition
TITLE		DELETE	3.1 TITLE			Citalige	L. Addition
NAME			3.2 NAME				
STREET ADDRESS				TADORESS			
CITY-ST-ZIP			3.4. CITY- 4.1 TITLE	ST-ZIP		Change	Addition
TITLE			4. 2 NAME	:			_
NAME			l l	T ADDRESS			
STREET ADDRESS			4.4 CITY-5				
CITY-ST-ZIP		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME			÷	:
STREET ADDRESS			5.3 STREE	ET ADDRESS	•	•	ļ
CITY-ST-ZIP			5.4 C/TY-5	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME	1			

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 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 ogran attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

127-522-0644