PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 29, 1999 8:00am

Secretary of State

01-29-1999 90061 038 ***150.00

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400001080

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AGELE	SS PLACEMENTS, INC.				
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Principal Pla	ace of Business	Mailing Address	 		(1) 66:8 1 (1 6 1) 88:18 1 (6 1) 89 () 188 1
8130 66TH S		P.O. BOX 48513	•		
#4 ST. PETERSBURG FL 337			43		
PINELLAS PARK FL 33781			70	DO NOT WRITE IN TH	IIS SPACE
US				3. Date Incorporated or Qualifed	IIO OF AGE
	•			12/28/1993	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3229682	Not Applicable
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.	····		\$8.75 Additional
22		27		5. Certifcate of Status Desired	Fee Required
City & Sta	ate	City & State	· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year I	
24	25	29	30	Personal Property Tax.	Yes DNo
·	9. Name and Address of Current			10. Name and Address of New Registerer	
I/A\	Y, PAULA	以改了4000000000000000000000000000000000000	81 Name		
	9 42ND AVENUE NORTH		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
		• .	02 Sileet Add	iless (P.O. Box Number is Not Acceptable)	
ા	PETERSBURG FL 33703		83	1, 25, 510, 500, 500, 500, 500, 500, 500, 50	
	•				
Blestenovikos	· ·		84 City	FI	85 Zip Code
11. Pursuan	t to the provisions of Sections 607.0502	and 607.1508, Florida Statut	tes, the above-named corp	poration submits this statement for the purpose of	f changing its registered
agent L	am familiar with, and accept the obligation	f Florida. Such change was a	uthorized by the corporation	on's board of directors. I hereby accept the appo	ointment as registered
	and accept the obligation				
SIGNATURE	•	ond oi, decilor 007,0000, Fig	orida Statutes.	•	
SIGNATURE	Signature, typed or printed name of registered agent	<u> </u>	•		
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE	Registered Agent signature require	ad when reinstating) DATE	ND DIRECTORS IN 12
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE	: Registered Agent signature require	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	
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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 trystee 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.

SIGNATURE:

PECULINIAL REQUIRES
RE AND TYPED OR PUNISHED NAME OF SIGNING OFFICER OR DIRECTOR

12 Jan 9

727-547-4337

CR2F034 (11/08)