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

**PROFIT** CORPORATION ANNUAL REPORT

1999



DOCUMENT # DOMODO77799

FLORIDA DEPARTMENT OF STATE

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED May 06, 1999 8:00 am Secretary of State Katherine Harris

05-06-1999 90307 002 \*2,175.00

	CORPORATE, INC.	077700						
Principal Place	of Business	Mailing Address						., (4)(4) (4)
1733 W FLETCHER AVE 1733 W FLETCHER AVE								
TAMPA FL 33612 TAMPA FL 33612 US					DO NOT WRITE IN THIS SPACE			
US		05			3. Date Incorporated or Qualifed			
					10/24/1994			Į.
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number			pplied For
21		26			59-3275130			ot Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired			Additional
22		27			5. 001.1102.10			equired
City & State	•	City & State			Election Campaign Financing     Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	Country	y	8. This corporation owes the curre	ent year Inta	angible	_
24	25		30		Personal Property Tax.		Yes	□No
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New R	egistered /	Agent	
U/A1 1	TERE CHECORD I		81	I Name				İ
	ters, clifford L 11th St. West		82	Street Add	Iress (P.O. Box Number is Not Accepta	ble)		
BRAD	DENTON FL 34205		83	s <del> </del>				
				1 Oit.			de Zin	Code
			84	City		FL	85 Zip	Code
agent, I an	n familiar with, and accept the obligat	ions of Section 607 0505 Flori	da Statute	ourparan	ion's board of directors. I hereby accep	• • • • • • • • • • • • • • • • • • • •		-
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: I	Registered Age		ed when reinstating)	DATE	D DIDECTO	200 10 12
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: I	Registered Age		ed when reinstating) ADDITIONS/CHANGES TO OFF			
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS ANI	t and title if applicable. (NOTE: I	13.	ent signature requir			D DIRECTO	
SIGNATURE  12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS ANI P LEVIN, RICHARD	t and title if applicable. (NOTE: I D DIRECTORS  DELETE	13. 1.1 TITLE	ant signature requir				
SIGNATURE  12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS ANI P LEVIN, RICHARD 1733 WEST FLETCHER AVENU	t and title if applicable. (NOTE: I D DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME	ant signature requir				
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS ANI P LEVIN, RICHARD 1733 WEST FLETCHER AVENU TAMPA FL 33612	t and title if applicable. (NOTE: I D DIRECTORS  DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE	ant signature requir				
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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 in stee 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 ther like empowered.

SIGNATURE:

SIGNA SIGNATURE AND TYPED OF PRINTED NAME

<u>4-14-99</u> 813-96υ- \$154

Date Daytime Phone #