Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90136 006 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P94000093868					
•	TIVE CONCEPTS INTERNAT	IONAL, INC.			
	·				
Principal Place	of Business	Mailing Address		r janginner irm fletir millir næris omrit marit nærir	
1221 LYNN AVE 1221 LYNN CLEARWATER FL 33755-645 CLEARWATE US US		1221 LYNN AVE CLEARWATER FL 33755-645		DO NOT WRITE IN THI	S SPACE
00		•		Date Incorporated or Qualifed     01/02/1995	
2. Principal P	ace of Business	2a. Mailing Address		4. FEI Number 59-3285432	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27	- · ·	5. Certificate of Status Desired	Fee Required
City & State	в	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip 29 3	Country	8. This corporation owes the current year In Personal Property Tax.	ntangible □ Yes ☑No
24	9. Name and Address of Curren		<u> </u>	10. Name and Address of New Registered	
/	J. Hamb and Addition of Carren		81 Name		
CONWAY, TIMOTHY A			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
1221 LYNN AVE				Tess (Fig. 20) Hallies is Not Acceptable,	
CLEARWATER FL 34615			83		
	,		84 City	Fì	85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the above-named con	poration submits this statement for the purpose of	f changing its registered
office or re agent. I a	egistered agent, or both, in the State of the familiar with, and scept the obligations.	of Florida. Such change was auti Ipans of, Section 607.0505, Florid	nonzed by the corporati la Statutes.	ion's board of directors. I hereby accept the appo	anument as registered
SIGNATURE	Ymath ( )	PRESI	dent	4/17	199
	Signature, typed of stinted fibrile of registered agen		egistered Agent signature require		ND DIRECTORS IN 42
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	CONWAY, TIMOTHY A		1.2 NAME		
STREET ADDRESS	1221 LYNN AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34615		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CONWAY, EILEEN M		2.2 NAME		(
STREET ADDRESS	1221 LYNN AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34615		2.4 CITY-ST-ZIP		
TITLE	· - <del>-</del>	☐ DELETE	3.1 TITLE		Change
NAME			3.2 NAME		
STREET ADDRESS	:		3.3 STREET ADDRESS	·	
CITY-ST-ZIP	<u> </u>	☐ DELETE	3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE			4.1 TITLE		□ Orlange □ receiper:
NAME			4.2 NAME 4.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE	<del></del>	DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		_	5.2 NAME	,	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6,2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		i

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.

64 CITY-ST-ZIP

SIGNATURE: >