

FILED  
Jul 08, 1999 8:00 am  
Secretary of State

07-08-1999 90005 011 \*\*\*150.00

AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750)

<b>PROFIT CORPORATION ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
--	---	--

DOCUMENT # P95000086480

1. Corporation Name  
FLORIDA'S ST. PETE'S FINEST, INC.



Principal Place of Business 1300 FIRST AVENUE NORTH ST. PETERSBURG FL 33705	Mailing Address 1300 FIRST AVENUE NORTH ST. PETERSBURG FL 33705
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
11/09/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0635003	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #	5. Certificate of Status Desired	\$8.75 Additional - Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing - Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	8. This corporation owes the current year Intangible Personal Property.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24	25	29	30
		33705	PINELLAS

8. Name and Address of Current Registered Agent

BROSS, JOSEPH  
1300 FIRST AVENUE NORTH  
ST. PETERSBURG FL 33705

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number or Post Office)	83 City & State	84 Zip	85 Zip Code
CONNOR-DUBINA, KATY	ST. PETERSBURG POLICE	ST. PETERSBURG, FL	33705	FL

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE: Joseph F. Bross JOSEPH F. BROSS, TREASURER

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBBINS, GARY			1.2 NAME			
STREET ADDRESS	1300 FIRST AVENUE NORTH			1.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 33705			1.4 CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	UPMAN, TERRY			2.2 NAME			
STREET ADDRESS	1300 FIRST AVENUE NORTH	<del>DELETE</del>		2.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 33705			2.4 CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROSS, JOSEPH			3.2 NAME			
STREET ADDRESS	1300 FIRST AVENUE NORTH	<del>DELETE</del>		3.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 33705			3.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CONNOR-DUBINA, KATY			4.2 NAME			
STREET ADDRESS	1300 FIRST AVENUE NORTH			4.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 33705			4.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCLELLAN, NANCY			5.2 NAME			
STREET ADDRESS	1300 FIRST AVENUE NORTH			5.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL 33705			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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.

SIGNATURE: [Signature] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/99 (727) 893-7551

Date

Daytime Phone #

CR2E034 (5/99)