Apr 14, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



· FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000066891

1. Corporation Name

STREET ADDRESS

203 MARION STREET, INC.

| Principal Place | e of Business | Mailing Address | | | | | | | |
|---|--|--|--|--|--|---|--------------|---------------------------------------|---|
| 203 MARION STREET 203 MARION STREET | | | | | | | | | |
| TAMPA:FL:3360 | 12 | TAMPA;FL:33602 | | | | DO NOT WRIT | | SPACE | مان دیکاری است. ا |
| | | | | | | 3. Date Incorporated or Qualifed | L II TINO | OI NOE | |
| | • | | | | | 08/07/1996 | | | |
| 2 Principal Pl | lace of Business | 2a. Mailing Address | | | | 4, FEI Number | | Ap | plied For |
| 21 | | 26 | | | | 59-3396261 | | No | t Applicable |
| Suite, Apt. | #. etc. | Suite, Apt. #, etc. | | | - | | D | \$8.75 A | Additional |
| 22 | | 27 | | | | 5. Certifcate of Status Desired | <u> </u> | Fee Re | quired |
| City & State | e | City & State | | | | 6. Election Campaign Financing | | \$5.00 | May Be |
| 23 | | 28 | | | | Trust Fund Contribution | | Added t | o Fees |
| Zip | Country | Zip | Co. | untry | | This corporation owes the current | nt year inta | | _// |
| 24 | 25 | 29 | 30 | | | Personal Property Tax. | | Yes | |
| | 9. Name and Address of Curre | ent Registered Agent | | _ | | 10. Name and Address of New R | egistered A | Agent | |
| | | | | 81 | Name | | - | | ļ |
| GILLIS, RODERICK JP | | | | 82 | Street Add | Address (P.O. Box Number is Not Acceptable) | | | |
| | N MARION ST | | | | | | | | |
| TAM | PA FL 33602 | | | 83 | | | | | |
| | | | | 84 | City | | | 85 Zip (| Code |
| | | | - | 1 1 | | poration submits this statement for the | <u>FL</u> | | |
| office of the | egistered agent, or both, in the State | e of Florida. Such change was | autnonze | a by tn | he corporati | ion's board of directors. I hereby accep | t are oppos | |] |
| agent. I a | m familiar with, and accept the oblig | gations of, Section 607.0505, I | -lorida Stat | d by the tutes. | ne corporati | ed when reinstating) ADDITIONS/CHANGES TO OFF | DATE | | |
| agent. I a | m familiar with, and accept the oblig | pations of, Section 607.0505, F | TE: Registered | d Dy tn tutes. | ne corporati | ed when reinstating) | DATE | | |
| agent. I a SIGNATURE 12. | m familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A | pations of, Section 607.0505, I pent and life if applicable. (NC ND DIRECTORS | TE: Registered | d Dy tn tutes. | ne corporati | ed when reinstating) | DATE | D DIRECTO | PRS IN 12 |
| agent. I a SIGNATURE 12. TITLE NAME | m familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A P GILLIS, RODERICK JP | pations of, Section 607.0505, I pent and life if applicable. (NC ND DIRECTORS | TE: Registered 13. 1.1 Ti 1.2 Ni | d Agent s | ne corporati | ed when reinstating) | DATE | D DIRECTO | PRS IN 12 |
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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 trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 12 that I changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

6.4 CITY-ST-ZIP