Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90034 002 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCU	MENT # P9800 0	091551			
1. Corporatio	111481110				
I ELE-ON	GNAL, INC.) (#21186) 1(8 1818) (#11 98() #21() #21() #2	IN COLOR SCORE ASSAULANTO (186 1888)
Principal Plac	e of Business	Mailing Address			IN ININI IINST DIIBI NIINI IIDI INDI
2464 ENTERPRI		2464 ENTERPRISE ROAD		·	
#5		#5		DO NOT WRITE IN TH	IS SDACE
CLEARWATER I	FL 33763	CLEARWATER FL 33763		3. Date Incorporated or Qualifed	IS SPACE
				10/28/1998	
2. Principal P	face of Business	2a. Mailing Address	21 1 4 7	4 FELMINAL	Applied For
21 /1246 Distribution Ave E 26 /1246 Distri			cibution Ave 8	<u> </u>	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	,	5. Certificate of Status Desired	\$8.75 Additional
22 SUITE	<u> </u>	27 /		ч	Fee Required
City & Stat	x 71	City & State	L	6.: Election Campaign Financing - Trust Fund Contribution	
Zip	Country	Zip	Country	8. This corporation owes the current year	
24 300	56 [25]	29 <i>32756</i> 30	0	Personal Property Tax.	☐Yes ☐No
	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New Registere	d Agent
AMERILAWYER			or Name		
343 ALMERIA AVENUE			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
CORAL GABLES FL 33134		83			
			21 20		as Zi- Codo
		t	84 City	F	L 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes,	the above-named corp	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its registered
office or r agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was autritions of, Section 607.0505, Florid	a Statutes.	on's board of directors. Thereby accept the app	on anent as registered
SIGNATURE				when reinstating) DATE	
40	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Re	egistered Agent signature require 13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PTD	DELETE	1,1 TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Change ☐ Addition
NAME	O'KELLY, WILLIAM R		1.2 NAME		
STREET ADDRESS	2464 ENTERPRISE ROAD		1.3 STREET ADDRESS	•	
CITY-ST-ZIP	CLEARWATER FL 33763		1.4 CITY-ST-ZIP		
TITLE	SVD	☐ DELETÉ	2.1 TITLE		Change Addition
NAME	CALLIS, DARRELL		2.2 NAME		
STREET ADDRESS	2464 ENTERPRISE ROAD		2.3 STREET ADDRESS	•	
CITY-ST-ZIP	CLEARWATER FL 33763	□ DELETE	2.4 CITY-ST-ZIP	1	☐ Change ☐ Addition
TITLE		☐ DELETE	3.1 TITLE		
NAME			3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4 2 NAME		:
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	:		52 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition
TITLE !			_ ··· ··· -	•	

6.4 CITY-ST-ZIP 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS