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

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # \$76979



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90030 019 ***150.00

KEVIN A. CAMERON, CPA, P.A.						
Principal Place of Business	Mailing Address			T I NA DITATION CITY CONTRACTOR C	ALBIE BIELL DIBLE EI	IE11 01014 1001
3333 HENDERSON BOULEVARD	P O BOX 320494					
SUITE 140	TAMPA FL 33679			DO NOT WRITE IN THE	SOMOE	
TAMPA FLI 33609 US			3. Date Incorporated or Qualified			
08				08/29/1991		
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	And	plied For
	26			59-3081198		t Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.				\$8.75 A	
22	27		·	5. Certificate of Status Desired	Fee Re	quired
City & State	City & State			6. Election Campaign Financing	\$5.00	May Be
23	28			Trust Fund Contribution	Added to	o Fees
Zip Country	Zip	Cou	ntry	8. This corporation owes the current year in	ntangible	_
24 25		30		Personal Property Tax.		□No
9. Name and Address of Current	t Registered Agent			10. Name and Address of New Registered	I Agent	
CAMEDON KEGAN A			81 Name			
CAMERON, KEVIN A.		ľ	82 Street Addre	ess (P.O. Box Number is Not Acceptable) 3 HENDERSON BLVD	#140	_
2301 BENDELOW TRAIL				3 HENDERSON BLVD	4170	——-
TAMPA FL 33829			83			
		l	84 City		85 Zip C	Code
			IAY	<i>MPA</i> FI		609
11. Pursuant to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute of Elorida, Such change was at	es, the at uthorized	bove-named corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the appo	n cnanging its pin tme nt as reg	registered gistered
 Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the offigation 	ions of, Section 607.0505, Flor	ida Statu	ites.	2/2	2/90	
SIGNATURE SIGNATURE	Lan				<u> </u>	
Signature, yped or printed name of registered agent		Registered	Agent signature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TILE DP OFFICERS AND	D DIRECTORS DELETE	1.1 17	ne T	ADDITIONAL TOTAL TO CONTROL TO CO	☐ Change	Addition
OLLIEDON KENINA		1.2 NA			_ •	
AND DENDELOW TOAK		1.210	VIII.			
TANDA FI		12 ST	DEET ADDRESS			
CITY-ST-ZIP, IAMPA FL		•	REET ADDRESS			
	□ DELETE	1.4 CIT	TY-ST-ZIP		☐ Change	☐ Addition
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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 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

813-876-4939