FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 726417

1. Corporation Name 4 BRITTONS OF BARDMOOR, INC.							
4 DRIII	JNS OF BANDIVIOON, INC.						
Principal Place of Business Malling Address							
8316 BARDMOOR BLVD 8316 BARDMOOR BLVD							
APT B LARGO FL 33777 LARGO FL 33777							
US US							
					·		
Principal Place of Business 2a. Mailing Address					Date Incorporated or Qualifed	٠ د	
21		26	- · · · · · · · · · · · · · · · · · · ·		05/16/1973		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number	.	olied For
22		27			59-2871213		Applicable
City & State	е .	City & State			5. Certifcate of Status Desired	\$8.75 Ac	
23	0	28	Country	 	C. Fl. War Co		
-	Zip Country Zip		30		6. Election Campaign Financing Trust Fund Contribution	\$5.00 A Added to	
24 25 29 30 9. Name and Address of Current Registered Agent				.	10. Name and Address of New Registe		1000
	3. Name and Address of Curren	r registered Agent	81	Name			
DEDDEDIA	N OARK D.O.				(D.O. Baraharia Mat. Assentable)		
DERDERIAN, SARK D.O			82	Street Addi	ress (P.O. Box Number is Not Acceptable)		
8316 BARDMOOR BLVD			83		· · · · · · · · · · · · · · · · · · ·		
APT A						" les 7: C	ada
LARGO FL 33777			84 City			FL 85 Zip C	ode
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statute	s, the abov	e-named corp	poration submits this statement for the purpos on's board of directors. I hereby accept the a	e of changing its	registered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au tions of Section 617,0503. Flori	thorized by ida Statutes	the corporation	on's board of directors. I hereby accept the a	ppointment as reg	istered
•	in tanina with and accept the conga	10.10 01, 0001011 017.100001, 710.1					1
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register				nt signature require	od when reinstating) DAT		
12.			13.		ADDITIONS/CHANGES TO OFFICER:		
TITLE	T		1.1 TITLE	ŀ		Change	☐ Addition
NAME	SARKIS DERDERIAN, D.O.		1.2 NAME				
STREET ADDRESS			1.3 STREE	T ADDRESS			
CITY-ST-ZIP			1.4 CITY+S	T-ZIP		Change	Addition
TITLE	VD	☐ DELETE	2.1 TITLE			Change	L Addison
NAME	WHILE WORKER		2.2 NAME				1
STREET ADDRESS			`	T ADDRESS	·	محدوضيها بمن برديد در	
CITY-ST-ZIP	LARGO FL		2.4 CITY-8	ST-ZIP		Change	Addition
TITLE	STD	☐ DELETE	3.1 TITLE	1		□ outuge	
NAME	HOPMAN LUCY		3.2 NAME	TADDDECO			
				T ADDRESS			
CITY-ST-ZIP	LARGO FL	☐ DELETÉ	3.4. CITY- 5	S1-ZIP		☐ Change	Addition
TITLE			4.1 IIILE 4.2 NAME			_ "	_
NAME				T ADDRESS			
STREET ADORESS			4.4 CITY-S				
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE	71-23		☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP	E4		5.4 CfTY-S	ST-ZIP			
TITLE			6.1 TITLE			☐ Change	☐ Addition
	MATA BALL		6.2 NAME				
VI 41 W W.	per man la francisco	-	6.3 STREE	TADDRESS			ŀ

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 617, 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.

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED

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Mar 25, 1999 8:00 am § Secretary of State