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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 01, 1999 8:00 am Secretary of State 03-01-1999 90054 001 ***150.00

CUMENT #	L45418
Name	LTOT IO

. Service exchange, i	INC.			
f Business	Mailing Address		i iliatitäti ätt ättät ätti ainna matt italia	iffit fifti eren eren eren eren tren
	5319 US HWY 19			
19 S319 US HWY 19 CHEY FL 34652 NEW PORT RICHEY FL 34652		652	DO NOT WRITE IN 1	THIS SPACE
	US		3. Date incorporated or Qualifed	
			01/22/1990	
e of Business	2a. Mailing Address		4. FEI Number	Applied For
	26		59-2990359	Not Applicable
etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required -
	27	<u> </u>		
	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Country	28 <i>Z</i> ip	Country	8. This corporation owes the current year	
25	29	30	Personal Property Tax.	Yes No
9. Name and Address of Curre	, ,		10. Name and Address of New Registe	red Agent
	. •	81 Name	Vincent M Lubraso	
et, alvin r		82 Street /		
MADISON ST			Address (P.O. Box Number is Not Acceptable) 7/05 Gulf Blud #22	<u> </u>
AY FL 34690		83 Pag	Sington Beach	
		B4 City	The state of the s	85 Zip Code
		1) '		FL 33708
the provisions of Sections 607 05	i02 and 607.1508, Floride Statut	es, the above-named	corporation submits this statement for the herbos	M OI CHAIRNIN IN 1601216160
istered agent, or both, in the State	e of Florida. Such change was a	uthorized by the corpo	oration's board of directors. I hereby accept the a	bbottmant as redustrated
istered agent, or both, in the State familiar with, and accept the oblig	e of Florida. Such change was a rations of, Section 607.0505, Flo	uthorized by the corpo rida Statutes.	corporation submits this statement for the purpor oration's board of directors. I hereby accept the a	10 00
tamping with, and accept the onlig	Marchael Burrosco, Flo		3-	19-99 E
nable, typed of printed frame of registered as	gations of, Section 607.0003, F10	uthorized by the corporida Statutes. Registered Agent signature of \$13.	aquired when reinstating) DAT	19-99
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naming with, and accept the college party of the co	part and title if applicable. (NOTE	Registered Agent signature of	aquired when reinstating) DAT	19-99
parties, typed of printed search in mediators appointed to the control of the con	part and title if applicable. (NOTE	E. Registered Agent signature of 13.	aquired when reinstating) DAT	19-99
problet, typed of printed Acres in regularities of PD KEMMET, ALVIN R.	part and title if applicable. (NOTE	Rogistired Agent signature of 13. 1.1 TITLE 1.2 NAME	aquired when reinstating) DAT	19-99
politic, typed of privide hand in regulated as OFFICERS A PD CEMMET, ALVIN R. 5919 RIVER LAWN COURT	part and title if applicable. (NOTE	Registered Agent signature of 13. 1.1 TITLE 12 NAME 1.3 STREET AODRESS	aquired when reinstating) DAT	19-99
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PD KEMMET, ALVIN R. 6919 RIVER LAWN COURT HOLIDAY FL	partions of, Section 607.0000, FIG. part and use of applicates. (NOTE LND DIRECTORS	Registered Agent signature in 13. 1.1 TITLE 1.2 NAME 1.3 STREET AODRESS 1.4 CITY-ST-ZIP 2.1 TITLE	aquired when reinstating) DAT	19-99
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CENTRAL COURT ACTION OFFICERS A PD KEMMET, ALVIN R. 6919 RIVER LAWN COURT HOLIDAY FL BEEN PD LUBRANO, VINCENT M 9005 SHARON DR	partions of, Section 607.0000, FIG. part and use of applicates. (NOTE LND DIRECTORS	Registered Agent signature of 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	Seminole - Fl 34619 Sequence of the service of the	/9-99 S AND DIRECTORS IN 12 Change
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ATURE:	Liveant of Vieliano	1-19-99	727-846-8212
==	ENCHATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Deytras Phone #