Applied For

□No

Fee Required

\$5:00 May Be Added to Fees

Yes

Not Applicable \$8.75 Additional

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

DOCUMENT # 105645

1. Corporation Nam SOUTHERN I	IUUUT	_	N	
Principal Place of Bu	usiness	Mailing Addr	ess	1 100101 (1210 1210 2110 2110 2110 2110
2558 28TH AVENUE N ST PETERSBURG FL		2558 28TH AV ST PETERSBL	/ENUE NORTH URG FL 33713	DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed 08/29/1956
2. Principal Place of	2. Principal Place of Business		Address	4. FEI Number 59-0781658
Suite, Apt. #, etc.		Suite, Ap	t. #, etc.	5. Certificate of Status Desired F
City & State		City & St	alē	6. Efection Campaign Financing
Zip	Country 25	Zip	Country 30	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Ye
	Name and Address of Cu	1=+1		10. Name and Address of New Registered Agent
· WADNS H			81 Name	9

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90026 019 ***150.00



153 CENTRAL AVE.			82	82 Street Address (P.O. Box Number is Not Acceptable)				
ST. PETERSBURG FL 33701								
	•	•	84	City		FL	85 Zip (Code
office or re	to the provisions of Sections 607.0502 and egistered agent, or both, in the State of Flo m familiar with, and accept the obligations	rida. Such change was aut	horized by t	the corpor	orporation submits this statement for the ration's board of directors. I hereby acc	ne purpose of cept the appoir	changing its ntment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent and to	No if applicable (NOTE: R	tenistered Agent	t signatura rog	uired when reinstating)	DATE		
12.	OFFICERS AND DI		13.	agriature rec	ADDITIONS/CHANGES TO C		D DIRECTO	RS IN 12
TITLE	P	☐ DELETE	1.1 TITLE				☐ Change	Addition
NAME	FINE, GERALD W.		1.2 NAME					
STREET ADDRESS	1249 80TH ST. S.		1.3 STREET	ADDRES\$				
CITY-ST-ZIP	ST. PETERSBURG FL.		1.4 CITY-ST	-ZIP				
TITLE	VP	☐ DELETE	2.1 TITLE				Change	☐ Addition
NAME	HEHENBERGER, JACK		2.2 NAME		·			
STREET ADORESS	7880 9TH AVE S		2.3 STREET	ADDRESS		•	-	
. CITY-ST-ZIP	ST PETERSBURG FL		2. 4 CITY-S	r-zip				
TITLE	ST	☐ DELETE	3.1 TITLE				☐ Change	☐ Addition
NAME	HEHENBERGER, HOLLY		3.2 NAME					
STREET ADDRESS	7880 9TH AVE S		3.3 STREET	ADDRESS				
CITY-ST-ZIP	ST PETERSBURG FL		3.4. CITY-S	r-zip	•			
TITLE	VP .	☐ DELETE	4.1 TITLE				Change	Addition
NAME	FINE, WILLIAM		4. 2 NAME					
STREET ADDRESS	11100 7TH ST EAST		4.3 STREET	ADDRESS				
CITY-ST-ZIP	TREASURE ISLAND FL		4.4 CITY-ST	-ZIP				
TITLE	VP	☐ DELETE	5.1 TITLE	1			Change	Addition
NAME (BRUNETTE, J. D		5.2 NAME			,		
STREET ADDRESS	7963 23RD AVENUE NORTH		5.3 STREET	ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL		5.4 CITY-ST	-ZIP				
TITLE		C) DELETE	6.1 TITLE				Change	☐ Addition
NAME			6.2 NAME					
STREET ADDRESS	State of the state of the state of		6.3 STREET	ADDRESS				
CITY-ST-ZIP	i i i i i i i i i i i i i i i i i i i		6.4 C/TY-ST					
14. I hereby o	ertify that the information supplied with this	filing does not qualify for t	he exemption	on stated	in Section 119.07(3)(i), Florida Statutes	s. I further cert	tify that the i	nformation

officer or director of the corporation or the receiver or trusteer 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 attantine with an address, with all other like empowered.

SIGNATURE: