

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 20, 1999 8:00 am Secretary of State 04-20-1999 90043 045 \*\*\*150.00

T. Corporation	MEN # P98000 MMERCIAL, INC.	070995	•	,		
Principal Place	e of Business	Mailing Addre	35		i i Patibat tra torat tatti aditt aditt aditt aditt	tennte natife iates carne nier inat.
302 S AUDUBON AVE C/O JOSEPH L DIAZ. ESO TAMPA FL 33809 2522 W KENNEDY BLVO TAMPA FL 33809			EDY BLVD		DO NOT WRITE IN THIS	S SPACE
					3. Date Incorporated or Qualifed	
					08/14/1998	Applied For
<u> </u>	lace of Business	2a. Malling Ad	ldress		4. FEI Number 5353 1307	Not Applicable
21 Suite Ant	# 010	26 Suite, Apt.	# etc			\$8.75 Additional
Suite, Apt.	w, etc.	27	-	وبهد دور	5. Certifcate of Status Desired	Fee Required
City & State	e	City & Star	te		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Zip	Country	Zip		Country	8. This corporation owes the current year in	
24	25	29	30		Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Current	t Registered Agen	nt		10. Name and Address of New Registered	Agent
DIAT	, locepul i			81 Name		
	, joseph l W Kennedy Blvd			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
	PA FL 33609					
FAMI	FA FL 33009			83		
				84 City	FL	
11. Pursuant office of reagent, I as	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	2 and 807.1508, Flo of Florida. Such cha tions of, Section 60	orida Statutes, t ange was autho 7.0505, Florida	the above-named co rized by the corpora Statutes.	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the appo	f changing its registered sintment as registered
SIGNATURE						
	Signature, typed or printed name of registered agent		(NOTE: Reg	istered Agent signalure requ	lifed when reinstating) DATE	1 :
12.		A DIDEATABLE		13		ND DIRECTORS IN 12
TTDS		D DIRECTORS	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D		DELETE	13. 1.1 TITLE 1.2 NAME		ND DIRECTORS IN 12  Change Addition
NAME	D LEFLER, ANTHONY		DELETE	1.1 TITLE 1.2 NAME		ND DIRECTORS IN 12
NAME STREET ADDRESS	D		DELETE	1,1 TITLE		ND DIRECTORS IN 12
NAME	D Lefler, anthony 302 S audubon ave			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		
NAME STREET ADDRESS CITY-ST-ZIP	D Lefler, anthony 302 S audubon ave			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		ND DIRECTORS IN 12 Change Addition Change Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	D LEFLER, ANTHONY 302 S AUDUBON AVE TAMPA FL 33609		DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition Change Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D Lefler, anthony 302 S audubon ave		DELETE	1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZP		Cissings   notices
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D LEFLER, ANTHONY 302 S AUDUBON AVE TAMPA FL 33609		DELETE	1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZP  3.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition Change Addition  Change Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D LEFLER, ANTHONY 302 S AUDUBON AVE TAMPA FL 33609		DELETE DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZP 3.1 TITLE 3.2 NAME	ADDITIONS/CHANGES TO OFFICERS A	Cissings   notices
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D LEFLER, ANTHONY 302 S AUDUBON AVE TAMPA FL 33609		DELETE	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 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS A	Cissings   notices
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEFLER, ANTHONY 302 S AUDUBON AVE TAMPA FL 33609		DELETE	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 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS A	Cissings   notices
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D LEFLER, ANTHONY 302 S AUDUBON AVE TAMPA FL 33609		DELETE  DELETE  DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZP 4.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D LEFLER, ANTHONY 302 S AUDUBON AVE TAMPA FL 33609		DELETE DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZP 4.1 TITLE 4.2 NAME	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D LEFLER, ANTHONY 302 S AUDUBON AVE TAMPA FL 33609		DELETE DELETE	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 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D LEFLER, ANTHONY 302 S AUDUBON AVE TAMPA FL 33609		DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZP 4.1 TITLE 4.2 NAME	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	D LEFLER, ANTHONY 302 S AUDUBON AVE TAMPA FL 33609		DELETE DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZP	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME STREET ADDRESS CITY-ST-ZP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE	D LEFLER, ANTHONY 302 S AUDUBON AVE TAMPA FL 33609		DELETE DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZP 5.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	D LEFLER, ANTHONY 302 S AUDUBON AVE TAMPA FL 33609		DELETE  DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZP 5.3 STREET ADDRESS 5.4 CITY-ST-ZP	ADDITIONS/CHANGES TO OFFICERS A	Change Addition  Change Addition  Change Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	D LEFLER, ANTHONY 302 S AUDUBON AVE TAMPA FL 33609		DELETE  DELETE  DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZP 8.1 TITLE 8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY-ST-ZP 8.1 TITLE 8.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEFLER, ANTHONY 302 S AUDUBON AVE TAMPA FL 33609		DELETE  DELETE  DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZP 8.1 TITLE 8.2 NAME	ADDITIONS/CHANGES TO OFFICERS A	Change Addition  Change Addition  Change Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	D LEFLER, ANTHONY 302 S AUDUBON AVE TAMPA FL 33609		DELETE  DELETE  DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2. 4 CITY-ST-ZP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZP 8.1 TITLE 8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY-ST-ZP 8.1 TITLE 8.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition  Change Addition  Change Addition

prises with this nime does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutas. I further certify that the informati-lemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an attachment with an address, with all other like empowered. I heraby cartify that the information suppli-indicated on this annual report or supplen officer or director of the corporation or the Block 12 or Block 13 if changed, or on an

SIGNATURE: