PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # 232257

MPA FL 33606 TAMPA FL 33606	Principal Place of Business 2a. Mailing Address 2b. Suite, Apt. #, etc. Suite, Apt. #, etc. 27.	Principal Place of Business 2a. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.	incipal Place of Business	Mailing Address
26	26 Suite, Apt. #, etc. Suite, Apt. #, etc. 27	26 Suite, Apt. #, etc. Suite, Apt. #, etc. 27 City & State City & State	2 LODOGA AVENUE AMPA FL 33606	
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FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90125 024 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

3. Date Incorporated or Qualifed

01/18/1960 4. FEI Number

Suite, Apt. #, etc. Suite, Apt. #, etc.	21			26							59-1205221			Ī	No	Applicable
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PERZIA, ANTHONY 82 LODOGA AVENUE TAMPA FL 33606 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statuties, the above-named corporation submits this statement for the purpose of changing its registered agent. an familiar with, and accept the obligations of, Section 607.0505, Florida Statuties. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. TITLE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. TITLE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. CITY-ST-2P 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TO			ddress of Current		tered Agen	ıt .	<u> </u>			10.	Name and Address of N	ew Registe	red A	gent		
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TITLE	SIGNATURE	Signature, typed or printe	d name of registered agent a	nd title	if applicable.	(NOTE: Re	gistered Agen	t sig	nature required	when r	reinstating)	DAT	E			
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■ 64 CHY S1-7/P	CITY OF 71D						6.4 CITY- ST									

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.