	PROFIT RPORATION JAL REPORT 1999		IMENT OF STATE e Harris of State	FILI Mar 09, 199 Secretary 03-09-1999 90068	99 8:00 ai of State	m
	MENT # 255617					
Principal Place	e of Business	Mailing Address		I INNI INNI NINI NINI NINI NINI	I DINI DINI DINI DINI DINI DINI DINI '	
9900 ULMERTON RD E 9900 ULMERTON RD E						
LARGO FL 3464		LARGO FL 34641		DO NOT WRITE IN TH	IIS SPACE	
				3. Date Incorporated or Qualifed 02/06/1962	· ·	
2. Principal P	Place of Business	2a. Mailing Address	<u> </u>	4. FEI Number	Applied For	
21		26		59-1035782	Not Applicabl	<u>e</u>
Suite, Apt.	.#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	Fee Required	
22 City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be	1
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip 29 33771	Country	8. This corporation owes the current year	Intangible	
24 3377	25 9. Name and Address of Current		30	Personal Property Tax. 10. Name and Address of New Registere		
			81 Name			
	ER, MARJORIE L		82 Street Add	Iress (P.O. Box Number is Not Acceptable)		
	) Ulmerton RD E Go Fl 34641			· · · · · · · · · · · · · · · · · · ·		
LAIN	GO FE 34041		83			
			84 City	F	85 Zip Code 33771	
- 66	vistared easet or both in the State (	2 and 607.1508, Florida Statute	s, the above-named cor	poration submits this statement for the purpose	of changing its registered	
agent, I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Flori	thorized by the cornorat	ion's board of directors. I hereby accept the ap	pointment as registered	
agent. I a	am familiar with, and accept the obligat	tions of, Section 607.0505, Flori	da Statutes.	ion's board of directors. Thereby accept the ap	pointment as registered	
agent. I a SIGNATURE	am familiar with, and accept the obligat Signature, typed or printed name of registered agen	tions of, Section 607.0505, Flori it and title if applicable. (NOTE: I	thorized by the corporat da Statutes. Registered Agent signature requir	ion's board of directors. Thereby accept the ap		
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agent. I a SIGNATURE 12.	Signature, typed or printed name of registered agen OFFICERS AN MILLER, JOHN D	tions of, Section 607.0505, Flori it and title if applicable. (NOTE: 1 D DIRECTORS	thorized by the corporat da Statutes. Registered Agent signature require 13.	red when reinstating) DATE	AND DIRECTORS IN 12	
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2,25.99-Date Daytime Phone #