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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 276935

1. Corporation Name

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

Principal Place of Business 450° E. COLUMBUS DRIVE TAMPA FL 33905 2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. Data Incorporated or Qualified 12/28/1963 2. Principal Place of Business 2. Mailing Address 3. Data Incorporated or Qualified 12/28/1963 2. Principal Place of Business 2. Mailing Address 3. FEI Number 5.9-103/0554 3. FEI Number 5.9-103/0554 3. Certificate of Status Desired 5. Certificate	TAMPA F	PRINTING COMPANY							
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2. Principal Place of Business		•	=			DO NOT WRITE IN THIS	SPACE		
Suite, Apt. #, etc. Scertificate of Status Desired \$8.75 Additional Fee Required									
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. S. Certificate of Status Desired \$8.75 Additional Fee Required City & State Country S. This corporation owes the current year intangible Added to Fees	2. Principal PI	ace of Business	2a. Mailing Address			4. FEI Number	Арр	lied For	
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City & State City & State City & State City & State	Suite, Apt.	#, etc.			5. Certifcate of Status Desired				
Zip Zip Zip Zip Zip Country Zip Country R. This corporation owes the current year Intangible Personal Property Tax. Yes No Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 10, Name and Addr	City & State)	├- ¬ '	- 7 '		1 **			
24		Country		Countr	у	This corporation owes the current year Inta	angible		
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33605E COLUMBUS DR TAMPA FL 33605 82 Street Address (P.O. Box Number is Not Acceptable)	<u> </u>			8	Name				
TAMPA FL 33605 83	BITT	Mann, F. Michael		-		(D.O. Bay Mysters in Net Assertable)		- -	
TAMPA FL 33605 83	3360	5E COLUMBUS DR		82	Street Addr	ess (P.O. Box Number is Not Acceptable)		1	
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NAME 4.2 NAME				E .	_		-	+	

CITY-ST-ZIP 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.

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME 6.3 STREET ADDRESS

☐ DELETE

□ DELETE

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

64 CITY-ST-ZIP

SIGNATURE:

Change

Change