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

1. Corporation Name

Suite, Apt. #, etc.

City & State

23

24

Principal Place of Business	Mailing Address	
109 W DAVIS BLVD TAMPA FL 33606	109 W DAVIS BLVD TAMPA FL 33606	
Principal Place of Business	2a. Mailing Address	

26

27

28

Suite, Apt. #, etc.

City & State

Country Zip 25 29

9. Name and Address of Current Registered Agent

FERLITA, C.C. 109 W. DAVIS BLVD

TAMPA FL 33606

FILED Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90086 017 ***150.00



	DO NOT WRIT	TE IN THIS	SPACE					
	3. Date Incorporated or Qualifed							
	03/15/1966							
	4. FEI Number		A	pplied For				
	59-1142101		N	lot Applicable				
	5. Certificate of Status Desired		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees					
	Election Campaign Financing Trust Fund Contribution							
	This corporation owes the curre Personal Property Tax.	ent year Int	angible □Yes	□No				
10. Name and Address of New Registered Agent								
Name								
Street Address	(P.O. Box Number is Not Accepta	able)						
				·				

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

Country

82

84 City

30

SIGNATURE Staneture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES	TO OFFICERS AN						
TITLE	PD DE	ELETE	1.1 TITLE	Director -		☐ Change	★ Addition			
NAME	FERLITA,C C		1.2 NAME	Director Stewart, Suzanne			!			
STREET ADDRESS	109 W DAVIS BLVD		1.3 STREET ADDRESS	4040 Upper Creek						
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	Sun City Center,						
TITLE	D D	ELETE	2.1 TITLE ·	Vaughn, Nancy-Di	rector	☐ Change	X Addition			
NAME	SCOTTY,J C		2.2 NAME	4040 Upper Creek	Dr		!			
STREET ADDRESS	109 W DAVIS BLVD		2.3 STREET ADDRESS	Sun City Center,	FL 33573					
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	·						
TITLE		ELETE	31TMLE	-		Change_	☐ Addition			
NAME	FERLITA, J P		3.2 NAME							
STREET ADDRESS	109 W DAVIS BLVD		3.3 STREET ADDRESS				ļ			
CITY-ST-ZIP	TAMPA FL		3.4. CITY-ST-ZIP							
TITLE .		ELETE	4.1 TITLE			☐ Change	Addition			
NAME .	•		4, 2 NAME							
STREET ADDRESS	-		4.3 STREET ADDRESS							
CITY-ST-ZIP	·		4.4 CITY- ST-ZIP							
TITLE		ELETE	5.1 TITLE			Change	☐ Addition			
NAME			5.2 NAME		•					
STREET ADDRESS			5.3 STREET ADDRESS				,			
CITY-ST-ZIP	<u> </u>		5.4 CITY-ST-ZIP							
TITLE		ELETE	6.1 TITLE			Change	☐ Addition			
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREET ADDRESS							
CITY-ST-ZIP			6.4 CITY-ST-ZIP							
14. I berefy certify that the information symplied 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. 813-639-1435

Daytime Phone #

Zip Code

85