FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



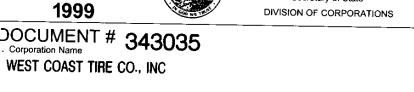
FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90151 004 ***150.00



							(1 /8)) (()		
incipal Place of Business Mailing Address									
725 N. FLORIDA AVENUE 14725 N. FLORIDA AVENU MPA FL 33613 TAMPA FL 33613			NUE						
						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
Principal	Place of Business	2n Moiling Address				03/17/1969			
- Walling Address						4. FEI Number		Applied For	
26 Suite, Apt. #, etc. Suite, Apt. #, etc.						59-1260914		Not Applicable	
City & State						5. Certificate of Status Desired		Additional Required	
Zip		City & State				6. Election Campaign Financing Trust Fund Contribution		0 May Be d to Fees	
ΖſÞ	Country	Zip	Cou	untry		8. This corporation owes the current year Ir			
	25 25 25 25 25 25 25 25 25 25 25 25 25 2	29	30			Personal Property Tax.		No	
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registered	Agent		
THO	DRNHILL, JULIE A			81	Name				
114 LAKE DR.				82	Street Add	dress (P.O. Box Number is Not Acceptable)			
LUTZ FL 33549									
				83				-	
				84	City		85 Zip	Code	
Pursuant	to the provisions of Sections 607.05	02 and 607 1508. Florida Statute	s the e			poration submits this statement for the purpose of	-	}	
office or a	registered agent, or both, in the State	of Florida. Such change was au	thorized	bove.	named corp he corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appo	changing it	s registered	
NATURE	A. A. A. A.	ations of Section 607.0505, Flor	ida Statı	utes.		1 1	THE REST	egistered	
NATURE	Signature typed or printed name of registered agr	ent and title if applicable. (NOTE:	Pagistama	Agant	nignot	ad when reinstating) 2/7/9	19		
		ND DIRECTORS	13.	rigani	signature require	ADDITIONS/CHANGES TO OFFICERS AN	ID DIDEOT		
	VP	☐ DELETE		LE.		SISSINGIANGES TO OFFICERS AP	Change	☐ Addition	
	ABDONEY, MICHAEL O.		1.2 NAME 1.3 STREE			Griange Add		Addition	
ET ADDRESS	1913 OAKMONT AVE				DORESS				
ST-ZIP	TAMPA, FL 00000		1.4 CITY-5		ZIP				
	P	☐ DELETE	2.1 TIT	LE			Change	Addition	
	GORMAN, EDWARDO A.		2.2 NA	ME			_ · ····•g-		
T ADDRESS	303 S BRYAN RD STE 1		2.3 ST	REET A	DDRESS			J	
ST-ZIP	BRANDON FL		2.4 CIT	Y-ST-	ZIP	The same are a great	5- Q		
	S THOOLER HAVE A	☐ DELETE	3.1 Tm	.E			☐ Change	Addition	
TADDOCES	THORNHILL, JULIE A		3.2 NAM	Æ				1	
TADDRESS	114 LAKE DR		3.3 STF	EETAI	DDRESS				
ST-ZIP	LUTZ, FL 00000 33549	□ DELETE	3.4. CITY-ST-ZIP		ZIP			Ì	
}		☐ DELETE	4.1 TITL				☐ Change	Addition	
TADDRESS			4. 2 NA					ĺ	
T-ZIP			•		DDRESS				
-		☐ DELETE	4.4 CITY		IP				
-			5.1 TITL 5.2 NAM				☐ Change	Addition	
TADDRESS			5.3 STR	_	DRESS	• •			

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 noticated 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 allock 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SNATURE:

:T-2|P

T ADDRESS

T-ZIP

DELETE

☐ Change

Addition