FILED Apr 26, 1999 8:00 am Secretary of State

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## 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 # 391008

1. Corporation Name

Principal P ace of Business   Mailing Address     13525 US 19 NORTH   13525 US 19 NORTH     CLEARWATER FL 33764   US     DO NOT WRITE IN THIS SPACE     3. Date Incorporated or Qualifed     11/08/1971     2. Principal Place of Business   2a. Mailing Address     2a. Mailing Address   59-1365914     2a. Mailing Address   59-1365914     CLEARWATER FL 33764   DO NOT WRITE IN THIS SPACE     3. Date Incorporated or Qualifed     11/08/1971     4. FEI Number     59-1365914	Aptilied For Not Applicable 5 Additional Required
CLEARWATER FL 33764 US   DO NOT WRITE IN THIS SPACE   3. Date Incorporated or Qualifed   11/08/1971	Not Applicable  5 Additional Required
3. Date Incorporated or Qualifed 11/08/1971  2. Principal Place of Business 2a. Mailing Address 4. FEI Number 25-1365914	Not Applicable  5 Additional Required
11/08/1971   2. Principal Place of Business   2a. Mailing Address   4. FEI Number   21   26   59-1365914	Not Applicable  5 Additional Required
2. Principal Place of Business       2a. Mailing Address       4. FEI Number         21       26       59-1;65914	Not Applicable  5 Additional Required
21 26 59-1365914	5 Additional Required
	Required
	<del>`</del>
22 27 Fee	
	00 May Be ed to Fees
Zip Country Zip Country 8. This corporation owes the current year Intangible	<b>-</b>
25   29   30   Personal Property Tax.   Yes	<u>No</u>
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
OWEN, H. REX  81 Name WILLIAM JONASSEN	
[82] Street Address (P.O. Bo) Number is Not Acceptable)	
888 EXEXCUTIVE CENTER DRIVE WEST 10785 ULMERTON RD SUITE 202 83	
SY PETEDSRIPEG EL 23702	
84  City   85  Z	Zip Code
	33778
11. Pursuant to the provisions of Sections 607.0502 and 607.1568, Florida Statutes, the above-named corporation submits this statement for the purpose of changing 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	s registered
agent. I am familiar with, and a cept the obligations of Section 607.0505, Florida Statutes.  3-20-99	
SIGNATUF E Signature, typed or printed in a ne of registered agent and title if eppricable (NOT = Registered Agent signature required when reinstating)  DATE	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	CTORS IN 12
TITLE P DELETE 1.1 TITLE Chan	ige 🗌 Addition
NAME MUELLER,RONALD J 1.2 NAME	
STREET ADDRESS 3101 TIFFANY DR 1.3 STREET ADDRESS	
CITY-ST-ZIP BELLEAIR BCH FL 1.4 CITY-ST-ZIP	
TITLE DELETE 2.1 TITLE Chan	ge Addition
NAME 2.2 NAME	
STREET ADDRESS 2.3 STREET ADDRESS	
CITY-ST-ZIP 2.4 CITY-ST-ZIP	no D'Addition
TITLE DELETE 3.1 TITLE Chan	nge
NAME 3.2 NAME	
STREET ADDRESS 33 STREET ADDRESS	
CITY-ST-ZIP	ge
	ge
NAME 4.2 NAME	
STREET ADDRESS 43 STREET ADDRESS	
CITY-ST-ZIP         44 CITY-ST-ZIP           TITLE         □ DELETE         5.1 TITLE         □ Chan	ge Addition
FAMILE	J
TOTAL	
STACE AND LESS	
CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify fir 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 recuired 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

AME OF SIGNING OFFICER OR DIRECTOR

3-20-99

727 530 0602

Daytime Phone #

CR2E034 (11/98)