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 May 17, 2000 8:00 am Secretary of State

05-17-2000 90948 011 ***150.00

	1999 2000 V	DIVISION C	OF CORPORATIONS		
DOCU 1. Corporation HLA, IN				1008	17
TIEN III					
	•				
Principal Plac	ce of Business	Mailing Address)
500 N. WESTSHORE BLVD 500 N. WESTSHORE BLVD			.VD		
STE 605 STE 605 TAMPA FL 33609 TAMPA FL 33609			•	DO NOT WRITE IN T	HIS SPACE
US				3. Date Incorporated or Qualifed	,
			<u> </u>	05/31/1974	
├ ─ ` .	Place of Business	2a. Mailing Address	•	4. FEI Number	Applied For
21 Suite, Apt.	#-016	26 Suite, Apt. #, etc		59-1536366	Not Applicable \$8.75 Additional
22 SUN	and the same of th	27 SUITE		5. Certificate of Status Desired	Fee Required
City & Sta		City & State		6. Election Campaign Financing /	\$5.00 May Be
23		28		Trust Fund Contribution / /	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	9. Name and Address of Current	Parietared Agent	30	Personal Property Tax. 10. Name and Address of New Register	
<u> </u>	9. Name and Address of Current	Registered Agent	81 Name		<u></u>
CAN	MPBELL, RALPH F				
500 N WESTSHORE BLVD			82 Street	Address (P.O. Box Number is Not Acceptable)	4
SUITE 605 TAMPA FI 33609					***
TAMPA FL 33609					85 Zip Code
\(`·'		. <u> </u>	84 City	1	L
office or :	maietored easet or both in the State o	f Florida, Such chance was	s authorized by the com	d corporation submits this statement for the purpose poration's board of directors. I hereby accept the ap	pointment as registered
agent. I e	am familiar with, and accept the obligati	ons of, Section 607.0505, F	Florida Statutes		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NC	OTE: Registered Agent signature	required when reinstating) DATE	<u> </u>
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE		☐ DELETE	1.1 TRILE	4	Change Addition
NAME	BICHSEL, JACK		1.2 NAME		*
STREET ADDRESS	790 HICKORY LN		1.3 STREET ADDRESS	}	, .
CTY-ST-ZP	PALM HARBOR FL PS	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
MAME	CAMPBELL, RALPH	<u> </u>	22 NAME		_ • _
STREET ADDRESS	to a transport and a second control of	·	23 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33705		2.4 CITY-ST-ZIP	<u> </u>	<u></u>
TITLE		☐ DELETE	3.1 TILE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS	······································	
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP		. Change Addition
TITLE			4.1 TITLE 4.2 NAME		
NAME	_		4.2 NAME		-
STREET ADDRESS CITY-ST-ZIP		•	4.4 CTY-ST-ZP		<u> </u>
TITLE		DELETE	7 5.1 πιε + (THE PROPERTY OF THE PROPERTY O	☐ Change ☐ Addition
NAME	The second secon	g of the transfer	52 NAME	Contract of the state of the st	
STREET ADDRESS		•	5.3 STREET ADDRESS	il	and the second of the second o

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.

5.4 CTY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

4115/00 813-286-7799

Addition

☐ Change