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: # 46/514								
	MPASS AGENCY, INC.								
	Broke usbublica	And the second second	Turkti.		** .*	124			
Principal Place		Mailing Address					°C 11.1 "		
4500 CENTRAL AVENUE PO BOX 15736 PO BOX 15736									
PO BOX 15736 ST. PETERSBUR	RG FL 33733	ST. PETERSBURG FL 33733				DO NOT WRITE IN THIS SPACE			
01112110001		• • • • • • • • • • • • • • • • • • • •				3. Date Incorporated or Qualife	d .		
						01/14/1975			
2. Principal Pi	lace of Business	2a. Mailing Address				4. FEI Number		A	optied For
21 6536 Central Avenue 26 P.O.B.			41368			59-1572622			iot Applicable
Suite, Apt. #, etc. Suite, Apt. #, et						5. Certifcate of Status Desired		•	Additional
22	-	27				0.			Required
City & State City & State			,	_ ,		6. Election Campaign Financing \$5.00 May Be			
23 St. Petersburg FL 28 ST. Petersh			ing FL			Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Count			8. This corporation owes the cu	irrent year In	tangible Yes	□No
24 3370	1-1330 25 PINELLAS	29 33743-1368	30 FIA	SELLA	ج	Personal Property Tax. 10. Name and Address of New	Posistarad		
	9. Name and Address of Current	t Registered Agent	8	1 Name		10. Name and Address of New	Registered	Agent	
GREEN, SHARI S.								-n	
1100 80TH STREET COURT SOUTH			8	2 Street	Addres	ss (P.O. Box Number is Not Acce	otable)		
ST. PETERSBURG FLORIDA 33707				3					
01. 1	Elenopolia / Compr. co. c.		ľ	3					
	•		8	4 City			FL	85 Zir	Code
				_L		Control of the second second		- }	to registered
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligate	of Florida. Such change was a	uthorized 🛭	ov the cort	oration	's board of directors. I hereby acc	ept the appo	intment as	registered
SIGNATURE									
	Signature, typed or printed name of registered agent			jent signature	required w	when reinstating)	DATE	UD DIDECT	ODE IN 12
12.	OFFICERS AN	D DIRECTORS	13.		1 1	ADDITIONS/CHANGES TO C	FFICERS A	Change	
TITLE	PST CDEEN CHADLE	DELETE	1.1 TITLE		_ ک	,			
NAME	GREEN, SHARI S.		1.2 NAME						
STREET ADDRESS	1100 80TH ST. COURT SO.			1.3 STREET ADDRESS					
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP 2.1 TITLE		+	·····		Change	Addition
TITLE	D COTEN CHADIC								
NAME	GREEN, SHARI S.		2.2 NAME				•		
STREET ADDRESS	1100 80TH ST. COURT SO.			2.3 STREET ADDRESS 2. 4 CITY-ST-ZiP		ř			
CITY-ST-ZIP	ST. PETERSBURG FL	DELETE	2. 4 CITY 3.1 TITLE		PI	/		☐ Change	Addition
TITLE	7	_; beer,c	3.1 MICE		" '	•			
NAME	GREEN, HERBERT 1100 80TH ST. COURT SO.			3.3 STREET ADDRESS					
STREET ADDRESS	ST. PETERSBURG FL				'[
CITY-ST-ZIP	JI. FEIENJOUNG FL	☐ DELETE	3.4. CITY 4.1 TITLE		+			☐ Change	Addition
TITLE			4.1 11C						_
NAME		•		ET ADDRESS	.[
STREET ADDRESS	·				Ί				
CITY-ST-ZIP		☐ DELETE	4.4 CITY 5.1 TITLE		+	· · · · · · · · · · · · · · · · · · ·		Change	Addition
TITLE			5.1 THE			•			_
NAME				ET ADDRESS	,	•			
STREET ADDRESS			0.00		1				

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 they eceiver 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 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE

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

04-20-1999 90180 031 ***150.00

☐ Addition