· FILE	NOW: FILIN	IG FEE AFT	TER MAY 1S	T IS \$55	Ô.00					
PROFIT CORPORATION ANNUAL REPORT 1999			Ka	atherine Har			tal mo			
			Secretary of State DIVISION OF CORPORATIONS				99 JUN 13 PM 12: 38			
DOCUMENT # 475660 1. Corporation Name FAULL TOVESTIMENTS, INC.							WOOD TO BE WELLING			
·					<u>.</u>					
Principal Place of Business 4 0 0 2 SAN JUAN ST. HODZ SAN JUAN ST. HODZ SAN JUAN ST. TAMPA, PL 33629 TAMPA, PL 33629							DO NOT V	VRITE IN THI	S SPACE	
TAMPA, PC 3500							3. Date Incorporated or Qualifed 05/13/1975			
21	ace of Business		2a. Mailing Address 26	3		4. FEI	Number - 1586 11	0	z	oplied For ot Applicable
Suite, Apt. :			Suite, Apt. #, et	c.		5. Cert	ifcate of Status Desired	.	\$8,75 A	
City & State			City & State				tion Campaign Financi t Fund Contribution	ng []	\$5.00 Added t	
Zip 24	Country Zip 25 29 30 9. Name and Address of Current Registered Agent				8. This corporation owes the current year in Personal Property Tax. 10. Name and Address of New Registered			[] Yes	Mo	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corpor office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						orporation sub ation's board o	ess (P.O. Box 1971 1972 1993 1993 1994 1995 1994 1995 1995 1995 1995 1995			
SIGNATURE 12.	Signature, typed or printed ha	OFFICERS AND D	IRECTORS	(NOTE: Registered	Agent signature rec	uired when reinstate		DATE OFFICERS A	ND DIRECTO	DRS IN 12
TITLE	DPS		☐ DELE		LE			or round /	[]Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	HARRY 7	Z. FAUL	4 67. 629		ME REET ADORESS Y-ST-ZIP					
TITLE NAME STREET ADDRESS	-9-74-00-7-76,		☐ DELE	TE 21 TIT 22 NA	LE				Change	[]] Addition
CITY-ST-ZIP TITLE NAME			☐ DELE						[]] Change	Addition
STREET ADDRESS				3.3 ST	REET ADDRESS					
TITLE NAME STREET ADDRESS			☐ DELĒ	TE 41111 42N	LF				[] Change	[Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ DELE	TE 51 TIT				<u> </u>	Change	[] Addition
CITY-\$1-2IP TITLE			[] DELE		Y-ST-ZIP LE				[Change	[] Adoition

64 CITY-ST-ZIP 14. 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 or th, 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.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

813) 805-0774