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

1999 DOCUMENT # 521193

1. Corporation Name

Principal Place of Business	Mailing Address
10699 gandy blvd St Petersburg fl 33702	10699 GANDY BLVD ST PETERSBURG FL 33702
,	
2. Principal Place of Business	2a. Mailing Address
¬ ' '	2a. Mailing Address
¬ ' '	— ·
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite, Apt. #, etc.	26 Suite, Apt. #, etc.

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90043 017 ***150.00



10699 GANDY BLVD ST PETERSBURG FL 33702		10699 GANDY BLVD ST PETERSBURG FL 33702				DO NOT WRITE IN THIS SPACE			
	,					3. Date Incorporated or Qualifed 12/29/1976			
2. Principal R	lace of Business	2a. Mailing Addre	ess.			4. FEI Number	Applied For -		
21		26				59-1708791	Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	te	City & State				6, Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country 25	Zip 29	Cou 30	ntry		8. This corporation owes the current year Intanç Personal Property Tax.	gible] Yes [] No		
	9. Name and Address of Curro	ent Registered Agent	·			10. Name and Address of New Registered Ag-	ent , 🗸		
HŐI	LAND, W. LANGSTON			81	Name	<u> </u>			
125 28TH ST. NORTH			82	2 Street Address (P.O. Box Number is Not Acceptable)					
	BOX 11268 PETERSBURG FL 33733			83					
	. 2,2,023,02		:	84	City	FL	85 Zip Code		

-Pursuant to the previsions of Sectione 607.0502 and 607:1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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 registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

KIK	Signature, typed or printed name of registered agent and to	tie if analicable (NOTE: E	Penistered Anent signature of	equired when reinstating)	DATE			
	OFFICERS AND DIS		gistered Agent signature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
.±+ 1	VS	☐ DELETE	1,1 TITLE		☐ Change	Addition		
	CARRIER, LORRAINE		1.2 NAME	•				
I AURIO (FILIA I	10699 GANDY BLVD		1.3 STREET ADDRESS					
ST-ZIP	ST PETERSBURG, FL 33702		1.4 CiTY-ST-ZIP					
mle.	PT	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition		
NAME }	CARRIER, PATRICK A		2.2 NAME	,				
STREET ADDRESS	10699 GANDY BLVD		2.3 STREET ADDRESS					
CITY-ST-ZIP	ST PETERSBURG, FL 33702		2. 4 CITY-ST-ZIP		•			
TITLE		☐ DELETE	3.1 TITLE		☐ Change	☐ Addition		
NAME			3.2 NAME			_		
STREET ADDRESS			3.3 STREET ADDRESS			~ _		
CITY-ST-ZIP			3.4. CITY-ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE	•	Change	Addition		
NAME	,		4. 2 NAME		•			
STREET ADDRESS			4.3 STREET ADDRESS			•		
CITY-ST-ZIP	·		4.4 CITY-ST-ZIP					
TITLE		☐ DELETÉ	5.1 TITLE		☐ Change	☐ Addition		
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE	·	☐ Change	☐ Addition		
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS		•			
CITY-ST-ZIP	<u> </u>		6.4 CITY-ST-ZIP	Lin Section 119 07/3\/ii) Florida Statutes I fud				

indicated on this annual report or supplied with risk liting 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 inchanged, or on an attachment with any address, with all other like empowered.

SIGNATURE: