Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90156 030 ***150.00

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 # 547740

1. Corporation Name

Principal Place of Business Mailing Address 7813 PROFESSIONAL PLACE 7813 PROFESSIONAL PLACE		
		4503 190
TAMPA FL 33637-6750 US TAMPA FL 33637-6750 US DO NOT WRITE IN THIS SPA	ACE	
3. Date Incorporated or Qualifed		
09/27/1977		l
Principal Place of Business 2a. Mailing Address 4. FEI Number	App	lied For
26 59-1772069	Not	Applicable
	8.75 Ad	
22 27 3. Certificate of Status Desired	Fee Req	uired
City & State City & State 6. Election Campaign Financing	\$5,00 N	May Be _
28 Trust Fund Contribution	Added to	Fees
Zip Country Zip Country 8. This corporation owes the current year Intangit		
24 25 29 30 Personal Property Tax.		No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agen	nt	
81 Name		
BOOS, FREDERICK A 82 Street Address (P.O. Box Number is Not Acceptable)		
6212 TANAGER PLACE TEMPLE TERRACE FL 33617		
TEMPLE TERRACE FL 33617		
84 City FL 85	5 Zip Co	ode
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of chargoffice 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 appointme agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE	ent as regi	istered
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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.

64 CITY-ST-ZIP

OFFICER OR DIRECTOR

813-985-4500