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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 626492

1. Corporatio	IAS & COMPANY					
Principal Plac	e of Business	Mailing Address			I WIWII WIWIA WIWAI WI	ali alak 188 1
2555 ENTERPRISE RD 2555 ENTERPRISE RD						
SUITE 11-3 SUITE 11-3						
CLEARWATER FL 34623-8104 CLEARWATER FL 34623-810		4	DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualifed 06/19/1979		
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Apr	plied For
21		26		59-1924076	Not	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired ~	\$8.75 A	dditional
22		27		5Certificate of Status Desired ~	Fee Red	quired
City & Sta	te	City & State		6. Election Campaign Financing	\$5.00	May Be
23		28		Trust Fund Contribution	Added_to	Fees
Zip 24	Country 25	Zip 29	Country 30	This corporation owes the current year In Personal Property Tax.		□No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered	d Agent	
			81 Name			
elias, chester g.			82 Street Add	Issae (D.O. Bay Number in Not Assertable)		
2760 SEA PINES CIRCLE			Street Add	ress (P.O. Box Number is Not Acceptable)		
CLE	ARWATER FL 33519		83			
			84 City	F	■ 85 Zip C	ode
11 Pursuant	to the provisions of Sections 607.050	12 and 607.1508. Florida Statute:	s the above-named con	poration submits this statement for the purpose of		registered
office or i	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was aut	thorized by the corporati	ion's board of directors. I hereby accept the app	ointment as reg	istered
_	•	Mons of, Section 607.0505, Flori	ua Statutes.			
SIGNATURE	Signature, typed or printed name of registered age	ant and title if applicable. (NOTE: f	Registered Agent signature require	ed when reinstating) DATE		l
12.	· · · · · · · · · · · · · · · · · · ·	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTOR	RS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		Change	Addition
NAME	ELIAS, CHESTER G.		1.2 NAME			}
STREET ADDRESS	4755 OF 4 DIVIES SIDS F		1.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP			
TITLE	ST	☐ DELETE	2.1 TITLE		Change	Addition
NAME	ELIAS, ANN H.	_	2.2 NAME	•	_ `	_
STREET ADDRESS	0700 OF L DIVIED OIDOLE		2.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL	<u> </u>	2.4 CITY-ST-ZIP		•	
TILE	OCCUPATION OF THE PROPERTY OF	DELETE	3.1 TITLE		Change	Addition
NAME	}		3.2 NAME	•		
STREET ADDRESS			3.3 STREET ADDRESS			ļ
		•				1
TITLE		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change	☐ Addition
NAME	•		4. 2 NAME			
STREET ADDRESS	•		4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME		T) tunigo	
STREET ADDRESS			5.3 STREET ADDRESS	•		
-	[5.4 CITY-ST-ZIP			(
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE		Change	☐] Addition
NAME	,		6.2 NAME		C) chiange	
STREET ADDRESS			6.3 STREET ADDRESS			
T	1					

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 chapter 607, or on an attrachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF EIGNING OFFICER OR DIRECTOR

NATURE AND TYPED OR PRINTED NAME OF EIGNING OFFICER OR DIRECTOR