Contract of

## **PROFIT** CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 648273**

Principal Place of Business    Mailing Address   19 N   CLEARWATER FL 34621   DO NOT WRITTE IN THIS SPACE	ROSS 8	SONS, INC.					
GLEARWATER FL 3621  DO NOT WRITTE IN THIS SPACE  3. Date Incorporate or Qualified 12/14/1979  Z. Principal Place of Business  Jan. Making Address  Jan. Making Address  Jan. Making Address  Sulfe, Apt. 8, etc.  Sulfe, Apt. 8, etc.  Sulfe, Apt. 8, etc.  ZI  Sulfe, Apt. 8, etc.  ZI  City & State  ZI  ZI  ZI  ZI  ZI  ZI  ZI  ZI  ZI  Z	Principal Place of Business Mailing Address				4 Idibirth ainti billat imith rimis iodad ann arbin	84815 B1B10 B1B11 1	BIBIL BIBIL IMBA
2. Date Incorporated or Qualified 12/14/1979 2. Applied Fig. 2. Principal Places of Business 2. Mailing Address 2. FEI Number 3. Suite, Apt. R. etc. 2. Coty & State 2. C							
2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 2. Applicable 50	}					SPACE	
Sulfe, Apt. #, etc.    Sulfe, Apt. #, etc.							
Suite, Apt. #, etc.    Suite, Apt. #, etc.	2. Principal F	Place of Business	2a. Mailing Address		1	<u> </u>	
City & State  Country  City & State  Country  City & State  City & State					59-1953129		
City & State 23		. #, etc.	— · · · · ·		5. Certificate of Status Desired		
Trust Fund Contribution		lo :			C Floring Compaine Financino		<del>-`</del>
Country   Zip   Country   Zip   Country   Zip   Country   Single   Country   Single   Country   Zip   Country   Single   Country   Zip   Single   Country   Single   Country   Zip   Single   Country   S			<del></del>	<u>:</u>			
B. Name and Address of Current Registered Agent  19. Name and Address of New Registered Agent  19. Name and Addres		Country	Zip	Country	8. This corporation owes the current year in	tangib <del>le</del>	
REINHARDT, LOIS 243 COLONIAL BLVD -87 CASTER AVE PALM HARBOR FL 04684  11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, 1 hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, 1 hereby accept the appointment as registered sagent, and accept the supposition of 07.0505, Plorida Statutes  SIGNATURE  SIGNATURE  DELETE  12.	24 35		120 _ 3 7 (02)	30			□No
PENMARDT, LOIS 243 COLONAL DLVD -871 CASSER AVE -PALM HARBOR FL 04684  11. Pursuant to the provisions of Sections 507,0502 and 507,1508, Florida Statutes, the above-named corporation submits this statament for the purpose of changing its registered organ, 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, and accept the obligingtions of Section 607,0505, Florida Statutes.  SIGNATURE  SUBMIT AND A CONTROLL AND EXPERIENCE AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TIME PALM HARBOR FL  INDEED A CONTROLL AND A CONTROLL		9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registered	Agent	
The provisions of Sections 507 0502 and 507 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, if am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.    SIGNATURE	2 <del>43 COLONIAL BLVD -</del> - <del>871 CASLER AVE</del>			82 Street Add	fress (P.O. Box Number is Not Acceptable)	N.	
11. Pursuant to the provisions of Sections 507.0502 and 507.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of director's. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of director's. I hereby accept the appointment as registered agent provided of the purpose of changing its registered agent provided of the purpose of change its registered agent provided of the purpose	1*AL	M-TIANDON'T E 04664		84 City	hum Harbor Fl	85 Zip (	ilog U
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  THE P		Lave Michael	<del></del>		73/49	intment as re	gistered
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TITLE  NAME  REINHARDT, KARL  STREET ADDRESS  CITY-ST-ZIP  TITLE  ST  NAME  REINHARDT, LOIS  STREET ADDRESS  CITY-ST-ZIP  PALM HARBOR FL  ST   DELETE  3.1 TITLE  ST   DELETE  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  REINHARDT, LOIS  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  AL TITTLE  NAME  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  STREET ADDRESS  CITY-ST-ZIP	STREET ADDRESS			1.3 STREET ADDRESS			,
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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.

62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

AICOLOXIII REQUIRED

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90183 042 \*\*\*150.00

Q.

HAME

STREET ADDRESS

CITY-ST-ZIP