## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # F04077

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## FILED Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90098 014 \*\*\*150.00

SUINIUS	E MIODILE NOME PANK, II	10.								
Principal Plac	e of Business	Mailing Address						All Gifft Albit i	ABIT BIBIT (BBI	
2600 58TH AVE	NORTH	BERT GREEN								
ST. PETERSBURG FL 33707		10811 INDIAN HILLS CT., #39					00.05			
US		LARGO FL 34647			DO NOT WRITE IN THIS SPACE					
		US				3. Date Incorporated or Qualifed 11/03/1980		· _		
2. Principal Place of Business		2a. Mailing Address			4, FEI Number		Ap	plied For	ļ	
21		26				59-2036434	Not Applicable			1
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	· 🗆	<b>\$8.75</b> / Fee Re		
City & State		City & State				6. Election Campaign Financing		\$5.00	May Be	1
23		28				Trust Fund Contribution		Added		
Zip	_ Country	Zip	Co	untry	-	8. This corporation owes the cur	rent year Int	angible		
24	25	29	30			Personal Property Tax.	-	□ Yes ~	□No -	
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New	Registered .	Agent		1
				81	Name					
	T GREEN			82	Street Addre	ss (P.O. Box Number is Not Accept	able)			1
	11 INDIAN HILLS CT			100	Oli GOL / (GGI G	SS (F.S. SCX (C.S.S. TO TO THE STATE				1
#39				83						
LAR	GO FL 34647				Oit.			85 Zip	Code	-
				84	City		FL	.   63   210	5000	
agent. 1 a SIGNATURE	registered agent, or both, in the Stat am familiar with, and accept the oblig Signature, typed or printed name of registered as	gations of, Section 607.0505, FI	orida Sta	tutes.	t signature required		DATE			
12.		AND DIRECTORS	13.	<u> </u>		ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	RS IN 12	] }
TITLE	PST	☐ DELETE	1.1 T	ΠE				Change	Addition	] :
NAME	GREEN, BERTRUM A.		1.2 N	IAME				1.54	·	1:
STREET ADDRESS	AND TOTAL OTDERT O		1.3 S	TREET	ADDRESS					1
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 0	ITY-ST	-ZIP					] 8
TITLE	ST	☐ DELETE	2.1 T	TILE				Change	Addition	1
NAME	DARREN GREEN							C Ornango		
STREET ADDRESS	222 SUN VISTA COURT		2.2 N	IAME				Onlange		1
CITY-ST-ZIP	TREASURE ISLAND FL				ADDRESS			_ onange		1
TITLE	I NEMOUNE IOLAND FL		2.3 S							
NAME	THEASURE ISLAND FL	DELETE	2.3 S	STREET CITY-S				Change	☐ Addition	-
STREET ADDRESS	THEASURE ISLAND FC	☐ DELETE	2.3 S 2.4 G 3.1 T	STREET CITY-S					☐ Addition	-
O/T/ OT 710		☐ DELETE	2.3 S 2.4 G 3.1 T 3.2 N	STREET CITY-S' TILE NAME					☐ Addition	-
CITY-ST-ZIP		□ DELETE	2.3 S 2.4 G 3.1 T 3.2 N 3.3 S	STREET CITY-S' TILE NAME	T-ZIP ADDRESS					-
TITLE		☐ DELETE	2.46 3.1 T 3.2 N 3.3 S 3.4.6	STREET CITY-S TILE NAME STREET	T-ZIP ADDRESS				Addition	- - - -
			2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T	CITY-S' TILE VAME STREET	T-ZIP ADDRESS			☐ Change		-
TITLE			2.3 S 2.4 ( 3.1 T 3.2 N 3.3 S 3.4 ( 4.1 T 4.24	CITY-S' TILE VAME STREET CITY-S' TILE NAME	T-ZIP ADDRESS			☐ Change		
TITLE NAME		☐ DELETE	23 S 2.40 3.1 T 32 N 3.3 S 3.4.0 4.1 T 4.2 2 4.3 S 4.4 Q	CITY-S' TILE VAME CITY-S' TILE NAME CITY-S' TILE NAME CITY-ST	T-ZIP  AODRESS T-ZIP  ADDRESS			☐ Change	Addition	
TITLE NAME STREET ADDRESS			238 2.44 3.1T 32N 33S 34.1 4.1T 4.21 4.38 4.4C 5.1T	CITY-S' TILE VAME CITY-S' TILE NAME CITY-S' TILE CITY-ST TILE	T-ZIP  AODRESS T-ZIP  ADDRESS			☐ Change		
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ DELETE	2.3 S 2.4 ( 3.1 T 3.2 N 3.3 S 3.4 . ( 4.1 T 4.2 I 4.3 S 4.4 C 5.1 T 5.2 N	CITY-S' TILE  LAME STREET CITY-S' TILE NAME STREET CITY-ST TILE TILE TILE TILE TILE TILE TILE TIL	T-ZIP  AODRESS T-ZIP  ADDRESS T-ZIP			☐ Change	Addition	
TITLE  NAME  STREET ADDRESS  CITY- ST- ZIP  TITLE		☐ DELETE	238 2.40 3.17 3.2N 3.3S 3.4.0 4.17 4.21 4.3S 4.4C 5.17 5.2N 5.3S	CITY-S' TITLE  LAME STREET CITY-S' TITLE  NAME STREET LITY-ST TITLE  LAME LAME LAME LAME LAME LAME LAME L	T-ZIP  AODRESS T-ZIP  ADDRESS T-ZIP  ADDRESS			☐ Change	Addition	
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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 of 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 an antischment with any endress, with all other like empowered.

SIGNATURE:

422/99

)21-31-648 Daytime Phone #