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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # FOR248

Principal Place of Business		Mailing Address			
1302 W SLIGH A' STE 100 TAMPA FL 33604 US	VE.	1302 W. SLIGH AVENUE. SUITE 100 TAMPAA FL 33604			
2. Principal Place of Business		2a. Mailing Address 26 Sime			
1 5/37					
Suite, Apt. #		Suite, Apt. #, etc.			
Suite, Apt. #		Suite, Apt. #, etc.			
Suite, Apt. # 2 City & State		Suite, Apt. #, etc.			
Suite, Apt. #		Suite, Apt. #, etc. 27 City & State			

FILED Feb 09, 1999 8:00am **Secretary of State**

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Principal Place	e of Business	Mailing Address					•••		
1302 W SLIGH AVE. 1302 W. SLIGH AVENUE. S STE 100 TAMPAA FL 33604 TAMPA FL 33604 US			UITE 100		DO NOT WRITE IN T	HIS SPACE			
Ų3					12/08/1980	•			
Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	App	lied For	2:	
<u> </u>	me	26 Sme			59-2042180	Not	Applicable	3	
Suite, Apt.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 .A	dditional	٠.	
22		27			5. Certificate of Status Desired	Fee Rec	uired——-		
City & State	e ·	City & State		,	6. Election Campaign Financing	\$5.00 (
23	•	28			Trust Fund Contribution	Added to	Fees		
Zip Country		Zip	Country	y		8. This corporation owes the current year intangible			
24	25		30		Personal Property Tax.		□No		
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registe	red Agent			
AVO	IOCEDIA I		81	Name	Snme				
	, JOSEPH J		82	Street Ad	Idress (P.O. Box Number is Not Acceptable)	- 1	-		
	W SLIGH AVE S100				1 2.12 (France, 1997) (GRANDERS CONTRACTORS	11 1101 112		
IAM	PA FL 33604		83	3					
			84	City	200 F 200 S	85 Zip C	ode		
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office or r	egistered agent, or both, in the Stat	e of Florida. Such change was at	utnorizea by	/ tne corpora	rporation submits this statement for the purpos ation's board of directors. I hereby accept the a	e of changing its popointment as reg	registered istered		
office or nagent I a	egistered agent, or both, in the Stat in familiar with, and accept the oblig Signature, typed or printed name of registered ag	e of Florida. Such change was at gations of, Section 607.0505, Flor gent and title if applicable. (NOTE:	utnorized by rida Statute : Registered Age	y the corpora s.	uired when reinstating)) DATE	E		á	
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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 receiverfor 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.

SIGNATURE