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

PROFIT CORPORATION ANNUAL REPORT

1999



Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 20, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE

04-20-1999 90126 033 ***150.00

DOCUMENT # E44704

1. Corporation	XX GROUP, INC.				
Principal Place of Business N		Mailing Address	· 	T CONTROL OF STREET	gitte Brate arası dibit asası iddi.
9720 N ARMENIA AVE 9720 N ARMENIA AVE					
STE H		STE H		DO NOT WRITE IN THE	C CDACE
TAMPA FL 33612		TAMPA FL 33612 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed	
US		us		08/24/1981	}
2. Principal Place of Business 2a. Mailing Address		2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3042870	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27		3. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year is	
24	25	29 30	1	Personal Property Tax.	
	9. Name and Address of Curren	Registered Agent	81 Name	10. Name and Address of New Registere	n Water
MYER, JERRY J.					
9720 N ARMENIA AVE			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
SUITE H			83		
TAMPA FL 33612					
			84 City	F	85 Zip Code
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 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PSD	☐ DÉL E TE	1.1 TITLE		☐ Change ☐ Addition }
NAME	MYER, JERRY		1.2 NAME		
STREET ADDRESS	16704 SILVER MOSS DR.		1.3 STREET ADDRESS		ì
CITY-ST-ZIP	TAMPA FL 33624		1.4 CITY+ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	_	_	2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		7
CITY-ST-ZIP		□ DELETE	2,4 CITY-ST-ZIP		Change Addition
TITLE			3.1 TITLE		
NAME	,		3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		ļ
CITY-ST-ZIP		☐ DELETE	3.4, CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition
TITLE			4.1 STILE 4. 2 NAME		_ ,
NAME			4.2 NAME 4.3 STREET ADDRESS		3
STREET ADDRESS			4.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		· · · · · · · · · · · · · · · · · · ·	5.2 NAME		_
STREET ADDRESS	•		5.3 STREET ADDRESS		
CITY.ST. 7IP'. v (974E 509ES		5.4 CITY-ST-ZIP		ĺ

CITY-ST-ZIP 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.

61 TTLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SERVICE SERVICE SERVICE

TITLE



DELETE

4/16/99

813/930-6336

Change

Addition