Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

680 MIDDLETOWN PLYO.

101

DOCUMENT # F74780 1. Corporation Name

FOURTH STREET S., INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

SUITE

City & State

1427 FOURTH STREET SOUTH ST PETERSBURG FL 33701

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

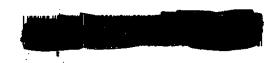
21

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1427 FOURTH STREET SOUTH ST PETERSBURG FL 33701

FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90063 039 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

03/25/1982

59-2180977

4. FEI Number

23		28 LANGHORNE	PA	Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Ir		_
24	25	29 /9047 :	30 USA	Personal Property Tax.	☐ Yes	⊠No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
	CARELLA, DOMINIC J		81 Name 82 Street	HERMAN REITMAN Address (P.O. Box Number is Not Acceptable)		
4144 N ARMENIA				Address (P.O. Box Number is Not Acceptable) 49/0C NW 4 ^m STREET		
	E 210		83			
IAM	PA FL 33607		84 City		85 Zip C	Code
				DELRAY BEACH FL	_ 334	
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.	Signature, typed or printed name of registered agent a OFFICERS AND	<u></u>	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TILE	P	DELETE	1.1 TITLE	PRESIDENT	☐ Change	Addition
NAME	ACE, MYRON L		1.2 NAME	THOMAS SHERWOOD		
STREET ADDRESS	14524 RIVERSIDE DRIVE		1.3 STREET ADDRESS	680 MIDRETOWN BOULEVARD, SUITE 1	<i>(0)</i> .	
CITY-ST-ZIP	FORT MYERS FL		1.4 CITY-ST-ZIP	(ANGHAGUE PA 19047		
TITLE	1 0111 111 110 1	☐ DELETE	2.1 TITLE	LANGHORNE: PA 19047 SECRETARY	Change	Addition
NAME.			2.2 NAME	GAON REITMAN		
STREET ADDRESS			2.3 STREET ADDRESS	680 MIDDLETOWN BOYLEVARD SLATE 101		
CITY-ST-ZIP			2.4 CITY- ST-ZIP	LANGHOPNE PA 19047	+ 4 17 ±	
TITLE		☐ DELETE	3.1 TITLE		Change	☐ Addition
NAME			3.2 NAME			}
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY- ST-ZIP			
TITLE		☐ DELETE	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			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			Addition
TITLE		☐ DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			•
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP		118 D. 111 1	
		11 1 PM	A	4 in Contine 140 07/3Vi) Florida Statutes I further ce	WING TOOL VALUE	MORMANIAN

Indicated on this annual report or 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 impowered 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: