## 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** 

## DOCUMENT # F91819

1. Corporation Name

NEW PLAZA OF ST. PETE, INC.

<u></u>																
Principal Place of Business Mailing Address												101 11610 101				
400 34TH STREET NORTH 400 34TH STREET NORTH ST. PETERSBURG FL 33713 ST. PETERSBURG FL 3371																
On TETERIODO	1/13				DO NOT WRITE IN THIS SPACE											
								ŀ	3. Date In				11113	3FACE		
										/1982	- O. 400	1100				
2. Principal Place of Business				2a. Mailing Address					4. FEI Nu	<u> </u>				$\neg \top$	Applied F	Or .
21				26					59-2209835					<u> </u>	Not Applic	
Suite, Apt. #, etc.				Suite, Apt. #, etc.								. 🔽	7		Addition	
22				7				_ -	5. Certificate of Status Desired Fee Required							
City & State				City & State					6. Election Campaign Financing \$5.00 May E						Α	
23		28						Trust Fund Contribution Added to Fees								
<u> </u>	Zip Country			Zip Cοι			•		8. This corporation owes the current year Inta					angible	<b>.</b> .	
24	25			29 30					Personal Property Tax.					☐ Yes X No		
	9. Name an	-	T		10. Name	and Addr	ess of Ne	w Regis	stered /	Agent	/ •					
CAD	KEIRO, JOSEPI	HI.				81	Nam	ne		-	·					
	WOODDALE				82	Stree	et Address	ess (P.O. Box Number is Not Acceptable)								
TAMPA FL 33615																
						83	ļ									
						84	City							85 Zip	Code	
				·									FL	1 1 '		
				07.1508, Florida Stat a. Such change was				ed corporat	tion submit	s this state	ment for	the purpo	ose of	changing i	ts register	red
agent. I a	ım familiar with, a	and accept the o	bligations of	Section 607.0505, F	lorida Sta	atutes		i poration s	Doard Ord	11801013, 1	nereby at	zehi nie	аррош	uneni as i	registered	'
SIGNATURE																
12.	Signature, typed or pr	inted name of registere					t signatur	e required whe	en reinstating)				ATE			
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6.4 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.

SIGNATURE:

CITY-ST-ZIP

**FILED** 

Feb 20, 1999 8:00 am Secretary of State

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