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 # F9400000158

1. Corporation Name

MARKET STREET USA, INC.

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Principal Place of Business Mailing Address								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
13425 BLAKE DRIVE PORT CHARLOTTE FL 33981 US 13425 BLAKE DRIVE PORT CHARLOTTE FL 33980 US			N .			DO NOT WRITI	E IN THIS :	SPACE	
						3. Date Incorporated or Qualifed			
					1	01/12/ <u>199</u> 4			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		<u> </u>	oplied For
21		26				<u>36-3357515</u>			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired			Additional equired
City & State	0	City & State				6. Election Campaign Financing			May Be
23	6	28			i	Trust Fund Contribution			to Fees
Zip	Country	Zip	Country	<i>y</i>		8. This corporation owes the currer	nt year Inta	ngible	
24	25	29	30			Personal Property Tax.		Yes	No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Re	gistered A	<u>ugent</u>	
M W	IODEII DOBERT T ID		81	Name					
KLINGBEIL, ROBERT T JR 341 VENICE AVE.,W.			82	Street	Addres	ess (P.O. Box Number is Not Acceptable)			
	VENICE AVE., W. ICE FL 34285		83	,					<u></u>
A 171.41	ICE 1 E 04200		• •	']					. <u>.</u> .
			84	City			FL	85 Zip	Code
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Flori	ida Statute	S.		's board of directors. I hereby accept	DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECT	ORS IN 12
TITLE	PVST	☐ DELETE	1.1 TITLE		T			☐ Change	☐ Addition
NAME	MCGUIRE, BARBARA		1.2 NAME						
STREET ADDRESS	13425 BLAKE DRIVE		1.3 STREE	ET ADDRESS	,				
CITY-ST-ZIP	PORT CHARLOTTE FL		1,4 CITY-	ST-ZIP	—			Change	Addition
TITLE	DC			2.1 TITLE				☐ Change	☐ Accilion
NAME	MCGUIRE, BARBARA		2.2 NAME						
STREET ADDRESS				ET ADDRESS	'				ļ
CITY-ST-ZIP TITLE	PORT CHARLOTTE FL	DELETE	2.4 CITY- 3.1 TITLE	51-212	+	``		☐ Change	☐ Addition
NAME		_	3.2 NAME						
STREET ADDRESS			3.3 STREE	ET ADDRESS	<u>،</u> ا				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	$oldsymbol{ol}}}}}}}}}}}}}}}}}}$				
TITLE		☐ DELETE	4.1 TITLE					Change	☐ Addition
NAME			4 2 NAME	Ĭ.	-				
STREET ADDRESS				ET ADDRESS	ì				
CITY-ST-ZIP		Floriere	4.4 CITY-		 		•	Change	Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME					snange	١٩٥٠٥٥١١ ريي
NAME				ET ADDRESS	3	•			
STREET ADDRESS			5.4 CITY-						
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE		+			☐ Change	Addition
NAME		_	6.2 NAME						
CTREET ADDRESS			6.3 STRE	ET ADDRESS	3 -	and the second of the second o			

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.

6.4 CITY-ST-ZIP

STREET ADDRESS

FILED

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90246 014 ***150.00