OND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. JOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999

OCUMENT #



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

Country

81 Name

83

13. 1.1 TITLE

DELETE

City

30

F97000005340

BANS, GANS & ASSOCIATES, INC.

Country

9. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

25

BAREFIELD, SIMONE G

4121 E. FOWLER AVE. **TAMPA FL 33617** 

PDC

Γ•ZiP

T-ZIP

ADDRESS

ipal Place of Business

rincipal Place of Business

E. FOWLER AVE.

PA FL 33617

uite, Apt. #, etc.

ity & State

Mailing Address

4121 E. FOWLER AVE. **TAMPA FL 33617** 

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

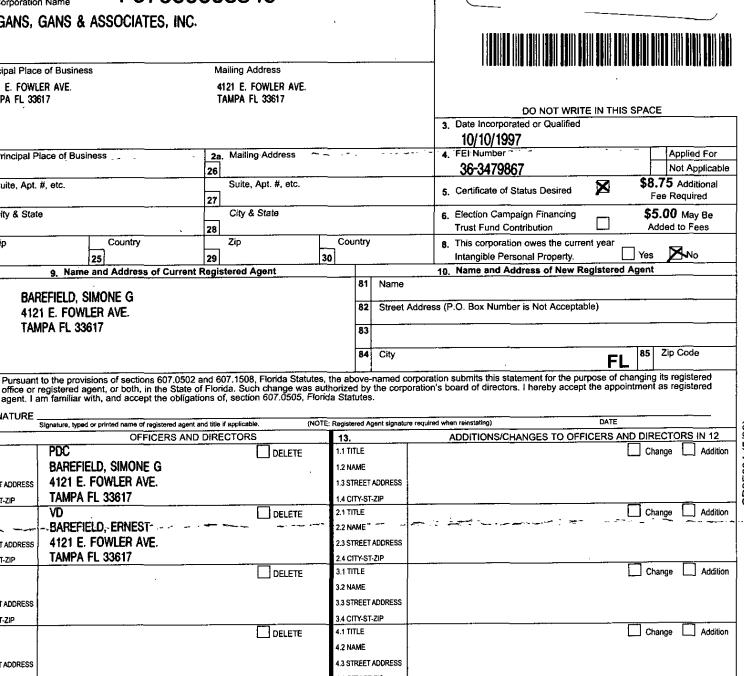
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## **FILED** Sep 10, 1999 8:00 am Secretary of State

09-10-1999 90002 047 \*\*\*\*\*8.75 09-10-1999 90002 048 \*\*\*550.00



CR2E034 (5/99) BAREFIELD, SIMONE G 1.2 NAME 4121 E. FOWLER AVE. 1.3 STREET ADDRESS ADDRESS **TAMPA FL 33617** 1.4 CITY-ST-ZIP T-ZIP 2.1 TITLE DELETE BAREFIELD, ERNEST -2.2 NAME\*\* 4121 E. FOWLER AVE. 2.3 STREET ADDRESS T ADDRESS **TAMPA FL 33617** 2.4 CITY-ST-ZIP T-ZIP 3.1 TITLE DELETE 3.2 NAME 3.3 STREET ADDRESS ADDRESS 3.4 CITY-ST-ZIP r-ziP DELETE 4.1 TITLE 4.2 NAME

4.3 STREET ADDRESS ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE Change \_\_ Addition DELETE 5.2 NAME 5.3 STREET ADDRESS FADDRESS. 5.4 CITY-ST-ZIP \_\_ Change DELETE 6.1 TITLE Addition 6.2 NAME

6.3 STREET ADDRESS

r-zip 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 n officer or director of the corporation or the receiver or trustee empowered to recute this report as required by Chapter 607, Florida Statutes; and that my name appears a Block 12 or Block 13 if changed or on an attachment with an address.

NATURE