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

PROFIT **₽**ORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9800000845

## Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90017 027 \*\*\*150.00

JAZIE IN	IC.							
Principal Place	e of Business	Mailing Address				\$ 1881188 1118 1818) 1811/ 88/(1 88/(1 88/(1 88/	i maili maini iail	t attal åtet faat
6401 JOSEPHINE ARBOR TAMPA FL 33617  6401 JOSEPHINE ARBOR TAMPA FL 33617						DO NOT WRITE IN THI	S SPACE	
						3. Date Incorporated or Qualifed		
						02/12/1998		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	A	pplied For
21		26				59-3475439	N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional equired
City & State	net PLONIDA	City & State				6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country COUNTRY	Zip 29	Cou	intry		This corporation owes the current year I     Personal Property Tax.	ntangible	1110 No <sup>3</sup>
241	9. Name and Address of Current	_ <del></del>	11			10. Name and Address of New Registere	i Agent	
				81	Name	<del></del>		
HULLS, JAMES R 6401 JOSEPHINE ARBOR				82	Street Add	ress (P.O. Box Number is Not Acceptable)		
	IPA FL 33617			83				
			:	84	City	F	85 Zip	Code
					<u></u>			a registered
office or r	registered agent, or both, in the State of familiar with, and accept the obligations.	of Florida. Such change was a	autnorized	י עם נ	tne corporati	oration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as re	egistered
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE	: Registered	Agen	t signature require	d when reinstating) DATE		———
12.	OFFICERS AN		13.	_ <del>`</del> _		ADDITIONS/CHANGES TO OFFICERS	ND DIRECT	ORS IN 12
TITLE	CP	☐ DELETE	1.1 111	TLE			☐ Change	☐ Addition
NAME	HULLS, JAMES R		12 N	AME	1			}
STREET ADDRESS	6401 JOSEPHINE ARBOR		1.3 ST	IREET	ADDRESS			
CITY-ST-ZIP	TAMPA FL 33617		1.4 CI	TY-ST	r-ZIP			
TITLE	CST	☐ DELETE	2.1 TIT	TLE			Change	☐ Addition
NAME	HULLS, SUZANNE L		2.2 NA	AME	}			
STREET ADDRESS	6401 JOSEPHINE ARBOR							
CITY-ST-ZIP	TAMPA FL 33617		2.3 \$1	TREET	ADDRESS			
TITLE			2.3 \$1 2.4 C					
		☐ DELETE		:π <b>Y</b> -\$			Change	Addition
NAME		☐ DELETE	2. 4 C	ITY-S			Change	Addition
NAME STREET ADDRESS		☐ DELETE	2. 4 Cl 3.1 Tf 3.2 N/	ITY-S TLE AME		, , , , , , , , , , , , , , , , , , , ,	☐ Change	Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	2.4 Cl 3.1 TT 3.2 N/ 3.3 ST 3.4. C 4.1 TT 4.2 N 4.3 ST 4.4 Cl 5.1 TF 5.2 N/ 5.3 ST	TITY-S TILE TREET TITY-S TILE TAME TAME TAME TAME TAME TAME TAME TAM	T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP		☐ Change	Addition
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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:

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