FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # G75784

TAMPA V-TWIN, INC.

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90101 038 ***150.00



						!		
Principal Plac		Mailing Address				- reserve men reserve seitt tange inter pint \$1811 91911		
16336 N. FLORIDA AVE LUTZ. FLL 33549 LUTZ. FLL 33549								
						DO NOT WRITE IN THIS SPACE		
						Date Incorporated or Qualifed 12/22/1983		
2. Principal Place of Business 2a. Mailing Add			Address			4. FEI Number	Ar	plied For
21		26	6			59-2354505	<u> </u>	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.					Additional
22		27	-l,			5. Certificate of Status Desired		equired
City & Stat	е	City & State	¬ ´			6. Election Campaign Financing	\$5.00	May Be
23	Country	8				Trust Fund Contribution	Added	to Fees
Zip	Zip	<u> </u>			8. This corporation owes the current year Intangible			
24	25		80				Yes	□No
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Registered Age	ent	
DOW	/NING, JAN I.			31	Halle			
17580 CEDARWOOD LOOP				82	Street Addre	Address (P.O. Box Number is Not Acceptable)		
LUTZ	Z FL 33549		į	83				
			•	84	City	 	5 Zip (Code
					•	FL	1	•
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 poligations of, Section 607.0505, Florida Statutes. SIGNATURE								registered gistered
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered					signature required	when reinstating) DATE	\!\	
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND D	IRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 TIT	LE			Change	☐ Addition
NAME	DOWNING, HARTFORD D.		1.2 NA	ME				
STREET ADDRESS	17580 CEDARWOOD LOOP		1.3 ST	REET	ADORESS			
CITY-ST-ZIP	LUTZ FL		1.4 CIT	Y-ST-	ZIP			
TITLE	SDV	☐ DELETE	2.1 TITI	LΕ			Change	☐ Addition
NAME	DOWNING, JAN I.		2.2 NA	ME				
STREET ADDRESS	17580 CEDARWOOD LOOP		2.3 STF	REET	ADDRES\$	•		
CITY-ST-ZIP	LUTZ FL		2.4 CIT	TY-ST	-ZIP			
TITLE			3.1 ™	LE			Change	☐ Addition
NAME	•		3.2 NA	ME		and the second s	- -	
STREET ADDRESS			3.3 STF	REETA	ADDRESS			
CiTY-ST-ZiP			3.4. CIT	Y-ST-	-ZIP			
TITLE		☐ DELETÉ	4.1 TITU	Æ	1		Change	☐ Addition
NAME			4. 2 NA	ME				
STREET ADDRESS			4.3 STF	REETA	NODRESS			
CITY-ST-ZIP			4.4 CIT		ZIP			
TITLE		☐ DELETE	5.1 TITL			•	Change	Addition
NAME			5.2 NAM				•	
STREET ADDRESS					NODRESS			
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	5.4 CITY 6.1 TITL		ᄱ .		0	
TITLE		□ DELETE	6.2 NAM			· Ц	Change	☐ Addition
NAME STREET ADDRESS			Į.		ODDEEDE			
STREET ADDRESS			0.3 518	CEIA COT	ODRESS .			Í

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 truetee 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 andress, with all other like empowered. fress, with all other like empowered.

SIGNATURE:

962 3856