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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED Jan 22, 1999 8:00am **Secretary of State**

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Principal Plac	e of Business	Mailing Address		1	
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TAMPA FL 336	05	TAMPA FL 33605		DO NOT WRITE IN T	UIC CDACE
US				3. Date Incorporated or Qualifed	HIS SPACE
4.50	Alexander			07/03/1984	
		14-115- Add		4, FEI Number	Applied For
	lace of Business	2a. Mailing Address			
21		26		59-2425441	Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
22	12.19	27			
City & Stat	es de la companya de	City & State		6. Election Campaign Financing	\$5.00 May Be
23	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	25		30	Personal Property Tax.	☐ Yes D2No
	g. Name and Address of Current	Registered Agent	- lasi :	10. Name and Address of New Register	rea Agent
Light	END ANTHONY C		81 Name	1	
	ENO, ANTHONY C.		82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
	1 141ST STREET, N			ENGLOS AND DESCRIPTIONS OF A STATE OF A	· · · · · · · · · · · · · · · · · · ·
SEM	IINOLE FL 34646		83		
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			84 City	F	EL 85 Zip Code
45)¢ gogod (c	to the provisions of Sections 607 0502	and 607.1508. Florida Statute	es, the above-named con		
1111000000	is it to an a control of books in the Ctate of				!
office or r	registered agent, or both, in the State of	r Florida. Such change was at	thorized by the corporati	ion's board of directors. I hereby accept the ar	ppointment as registered
office or r agent. I a	registered agent, or both, in the State of	ons of, Section 607.0505, Flor	ithorized by the corporati ida Statutes.	poration submits this statement for the purposion's board of directors. I hereby accept the ap	opointment as registered
agent. I a	A STATE OF THE STA				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature require	ed when reinstating) . DATE	
SIGNATURE	Signature, typed or printed name of registered egent OFFICERS AND	and title if applicable. (NOTE: DIRECTORS	Registered Ägent signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	
SIGNATURE 12. TITLE	Signature, typed or printed name of registered egent OFFICERS AND	and title if applicable. (NOTE:	Registered Agent signature require 13. 1.1 TITLE	ed when reinstating) . DATE	S AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND DPT HELENO, ANTHONY C.	and title if applicable. (NOTE: DIRECTORS	Registered Agent signature require 13. 1,1 TITLE 1.2 NAME	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND DPT HELENO, ANTHONY C. 8451 141ST STREET, N.	and title if applicable. (NOTE: DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12
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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 annualizeport or suppliemental 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.