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

**PROFIT CORPORATION** ANNUAL REPORT

1999

DOCUMENT # H46743 THE CMNIA GROUP INCORPORATED



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90026 008 \*\*\*600.00

|--|

Principal Place of Business Mailing Address							I DIKA DIBIH DIKIK IBUK E	(ESB IIII) BIBII	8(81)   B     0	1911 619	{  0 0 1  US
601 SOUTH BOULEVARD 2 ND FLOOR		P O BOX 23205 TAMPA FL 33623-3205			DO NOT WRITE IN THIS SPACE						
TAMPA FL 33606-2677 US		US			3. Date Incorporated or Qualifed						
00						03/05/19					
2. Principal Place of Business		2a. Mailing Address			4. FEI Ni mber				Apr	ied For	
21		26			59-2510186				Not a	Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				f Status Desired	74			ditional	
22								Fee	Req	uired	
City & State		City & State			6. Election Campaign Financing  Trust Fund Contribution  \$5.00 May Be Added to Fees					*	
23		28				-	Contribution	<del></del> -		led to	Fees
Zip Cour try		Zip Cou		กเรง		<ol><li>This corporation owes the current year in Personal Property Tax.</li></ol>			ntangible Yes		
24	25	29   Bagistared Agent	30				Address of New	Registers		'	
	9. Name and Address of Current	Registered Agent	-	81	Name	TO. Harrie and	radicus of item	rtogioio. c	a riguin		
ROP	rer, steven m			$\perp$							
	I SAN PEDRO STREET		İ	82	Street Ac dr	Ac dress (P.O. Box Number is Not Acceptable)		able)			
	PA FL 33629		ţ	83							
			]				_		12-T	7: O	
				84	City			F	L  85   1	Zip C:	ode
office cru	to the provisions of Sections 607.0502 registered agent, or bo h, in the State of mailiar with, and accept the obligation	Florida. Such change was	authorized	by th	named cc rp	oration submi s th on's board of direc	is statement for the tors. I hereby acce	purpose pt the apr	of changing ointment a	gits reg	egistered stered
SIGNATURE			. <u></u>				_				
	Signature, typed or printed na ne of registered agent		Registered	Agent s	ignature require	ADDITEDIS	/CHANGES TO OI	DATE	אט חוצב	CTOE	S IN 12
TITLE	OFFICERS AND	DELETE	1.1 TIT	1F		ADDITIONS	CHAIGES TO CI	1 TOLING .	Cha		Addition
NAME	CASWELL, JOHN B.		1.2 NA							-	
STREET ADDRESS	ALAS BUVOUADE BUSE MASON				DDRESS						
	TAMPA FL 33629		•	Y-ST-Z	- }						1
CITY-ST-ZIP TITLE	D	☐ DELETE	2.1 TIT						Char	nge	☐ Addition
NAME	CASWELL, HEATHER L.		2.2 NA	ME							
STREET ADDRESS	ALAS BANGHODE BIND MATOR		2 3 ST	TREET ADDRESS							
CITY-ST-ZIP	TAMPA FL 33629			TY-ST-	ZIP						
TITLE	T	☐ DELETE	3.1 TIT	LE					☐ Chai	nge	☐ Addition
NAME	RORRER, STEVEN M		3.2 NA	ME							
STREET ADDRESS	AAAA AAAA DEDDA ATDEET		3.3 ST	REETA	DDRESS						
CITY-ST-ZIP	TAMPA FL 33629		3.4 CF	TY-ST-	ZIP						
TITLE	V	☐ DELETE	4 1 TIT	LE					Chai	nge	Addition
NAME	BAUER, BARBARA A		4. 2 NA	ME	}						1
STREET ADDRE 3S	2223 HICKORY RIDGE DRIVE			_	DDRESS				225	۵.,	,
CITY-ST-ZIP	VALRICO FL 33629		4.4 CIT		ZIP)				<u>335                                   </u>	74	
TITLE	( P	☐ DELETE	5.1 TIT			DC U AAN	TAMEC	Δ	Cha	nge•	Addition
NAME	ORCHARD, J	00	5.2 NA		DDRESS O	RCHARU,	7/11/c2	77.			
STREET ADDRESS	1	UK	1		ì						l
CITY-ST-ZIP	TAMPA FL 33624	DELETE	6.1 TIT	Y-ST-Z	<u> </u>		-		Cha	noe	Addition
TITLE		□ nere (e	6.2 NA						Cila	.90	
NAME					DDRESS						
STREET ADDRE IS											
CITY-ST-ZIP	(		6.4 UII	Y-ST-Z	LIF						

14. Hereb / 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 a light empowered.

SIGNATURE:

SIGNATURE AND TYPED ON I RINTED NAME OF SIGNING OFFICES OR DIRECTOR