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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H49124

Principal Place of Business
2701 E.LOUISIANA AVE. P.O.BOX 310136
TAMPA FL 33610
I AMILIA I C GOOTO

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90220 038 ***150.00

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Principal Place	e of Business	Mailing Address		·-	1 (00) bit dili 010 to 10 to 1)	ION DIDIN IOBI
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2701 E.LOUISIANA AVE. P.O.BOX 310136 P.O.BOX 310136							
TAMPA FL 33610 TAMPA FL 33610					DO NOT WRITE IN THIS SPACE		
	•				3. Date incorporated or Qualifed		
					03/25/1985		
2. Principal P	lace of Business	2a. Mailing Address	···		4. FEI Number	Арр	plied For
21		26			59-1366383	Not	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 ∧	
22		27			5. Certificate of Status Besilied	Fee Re	quired
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Cou	intry	8. This corporation owes the current year	Intangible	
24	25	29	30		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Registere	d Agent	
				81 Name			
WAF	rd, demetria a.			82 Street A	Address (P.O. Box Number is Not Acceptable)		
270	1 E. LOUISIANA			62 Street	Address (P.O. Box Nulliber is Not Acceptable)		1
TAM	IPA FL 33610			83			
						T 1	
				84 City	F	85 Zip C	Code
44 5		2 607 1609 Elorida S	tatutos the a	bove-named	paragration submits this statement for the numose	of changing its	registered
office or i	registered agent or both in the State (of Florada, Such change v	vas autnonzeo	a av the corpo	ration's board of directors. I hereby accept the ap	pointment as reg	gistered
agent. I a	am familiar with, and accept the obligat	tions of, Section 607.0505	5, Florida Stat	tutes.			1
	,						
SIGNATURE					DATE		
	Signature, typed or printed name of registered agen				equired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
12.	OFFICERS AN		13. TE 1.1 TI	m.e The	42.00	AND DIRECTO	RS IN 12
12.	OFFICERS AN ST WARD, JAMES E.	D DIRECTORS	13. TE 1.1 TI 12 N	ITLE IAME	42.00		
12.	OFFICERS AN ST WARD, JAMES E. 2701 E. LOUISIANA	D DIRECTORS	13. TE 1.1 TI 12 N	m.e The	42.00		
12. TITLE NAME	OFFICERS AN ST WARD, JAMES E. 2701 E. LOUISIANA TAMPA FL	D DIRECTORS	13. TE 1.1 TI 1.2 N 1.3 S 1.4 C	ITLE IAME TREET ADDRESS ITY-ST-ZIP	42.00	☐ Change	Addition
12. TITLE NAME STREET ADDRESS	OFFICERS AN ST WARD, JAMES E. 2701 E. LOUISIANA	D DIRECTORS	13. TE 1.1 TI 1.2 N 1.3 S 1.4 C	ITLE IAME TREET ADDRESS ITY-ST-ZIP	42.00		
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AN ST WARD, JAMES E. 2701 E. LOUISIANA TAMPA FL P WARD, DEMETRIA A.	D DIRECTORS	13. TE 1.1 TI 1.2 N 1.3 S 1.4 C TE 2.1 TI 2.2 N	ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE	42.00	☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AN ST WARD, JAMES E. 2701 E. LOUISIANA TAMPA FL P WARD, DEMETRIA A.	D DIRECTORS DELET	13. TE 1.1 TI 12.N 13.5 1.4.C TE 2.1 TI 22.N 23.5 2.4.0	ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE	42.00	☐ Change	Addition
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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: