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PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H53528

MAIN TEAM REALTY, INC.

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Principal Pla	ce of Business	Mailing Address			i reminit elet elsen islen milit sikal 1811 91915	. E1611 0(811 6181	B B
1005 W. BLO	OMINGDALE AVE.	1005 W. BLOOMINGDALE /	AVE.				
BRANDON FL	33511	BRANDON FL 33511	,				
US		US			DO NOT WRITE IN THIS	S SPACE	
	•				3. Date Incorporated or Qualifed		
					04/24/1985		
2. Principal I	Place of Business	2a. Mailing Address	***		4. FEI Number	A	pplied For
21		26			59-2526812	N	ot Applicable
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.		***			Additional
22	<u> </u>	27			5. Certifcate of Status Desired .		equired
City & Sta	ate	City & State	-	•	6. Election Campaign Financing	\$5.00	May Be
23	•	28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Country	1	8. This corporation owes the current year In		
24	25	29	30		Personal Property Tax.	Yes	⊠Nο
•	9. Name and Address of Current				10. Name and Address of New Registered		
			81	Name	Togistorea		
, , , , HA(GERTY, MARJORIE R		ļ	<u></u>			
⁹³¹ 100	5 W. BLOOMINGDALE AVE		82	Street Add	ress (P.O. Box Number is Not Acceptable)		
BR/	ANDON FL 33511		83	 	The service of the se	2 3 to 4 2 to 5 or 3	Alleg Mumba (Kara)
			03			網鎖馬	机油油
			84	City		85 Zip	Code
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(Fra. 1. 1	11-11-5						
11. Pursuant	t to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above	e-named corp	poration submits this statement for the purpose of	changing its	registered
11. Pursuant office or agent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligati	and 607.1508, Florida Statute of Florida. Such change was au ons of, Section 607.0505, Flori	es, the above othorized by ida Statutes	e-named corp the corporation	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	f changing its intment as re	registered gistered
agom. 1	and decept the obligati	and 607.1508, Florida Statute of Florida. Such change was au ons of, Section 607.0505, Flori	es, the above uthorized by ida Statutes	e-named corp the corporation	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	f changing its intment as re	registered gistered
11. Pursuant office or agent. I a	and decept the obligati	ons of, Section 607.0505, Pion	ida Statutes	•	•	f changing its intment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE:	ida Statutes	•	od when reinstating) / 1 DATE		
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE:	Registered Ager	•	od when reinstating) /		
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND PDS HAGERTY, MARJORIE R	and title if applicable. (NOTE:	Registered Ager	•	od when reinstating) / 1 DATE	ND DIRECTO	DRS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND PDS HAGERTY, MARJORIE R	and title if applicable. (NOTE:	Registered Ager 13. 1.1 TITLE 1.2 NAME	it signature require	od when reinstating) /	ND DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND PDS HAGERTY, MARJORIE R 1004 W. BLOOMINGDALE AVE.	and title if applicable. (NOTE:	Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREET	it signature require	od when reinstating) /	ND DIRECTO	DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PDS HAGERTY, MARJORIE R	and title if applicable. (NOTE: D DIRECTORS DELETE	Registered Ager 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY- ST	it signature require	od when reinstating) /	ND DIRECTO	DRS 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 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 an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 08, 1999 8:00am

Secretary of State

02-08-1999 90026 035 ***158.75

813/684-6246