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

PROFIT CCRPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secreta y of State DIVISION OF CORPORATIONS FILED Apr 27, 1999 8:00 am Secretary of State 04-27-1999 90089 036 ***150.00

1999

DOCUMENT # **H63172** 1. Corporat on Name

(HANE CHANGE)

Principal Place of Business 29656 US 19 NO

29656 US 19 NO

CLEARWATEF FL 33761		CLEARWATER FL 33761		DO NOT WRITE IN TH	DO NOT WRITE IN THIS SPACE		
US		US		3. Date incorporated or Qualifed			
				06/21/1985			
2 Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Apr	ol ed For	
21		26		59-2547873	Not	Applicable	
Suite, Art.	# etc.	Suite, Apt. #, etc.			\$8.75 A	dditional	
22	, sto.	27		5. Certifcate of Status Desired	Fee Rec	puired	
City & State		City & State		6. Election Campaign Financing	\$5.00	v av Be	
	•	28		Trust F and Contribution	Added to	,	
Zip Zip	County	Zip	Country	8. This corporation owes the current year	ntangible	-	
—¬ ˙	25	29	30	Personal Property Tax.		[]No	
24	9. Name and Address of Curren	_ 1=1	30	10. Name and Address of New Registere	d Agent		
	3. Halle and Factors of Garton		81 Name	Δ1 ΔΔ			
MAR [*]	TIN, DANIEL N.			LARL IV. MINIER			
8406 MASSACHUSETTS AVE.			82 Street	Address (P.O. Box Number is Not Acceptable)	F 100		
	PORT RICHEY FL 33552		83	27656 113 19 10, J	<u> </u>		
			"	•			
			84 City	NICAAS STEA	85 Zip C	cide ;	
				LEAR WATER F	-1-133	761	
11. Pursuant	to the provisions of Sections 607.050:	2 and 607,1508, Florida Statu (es, the above-named	co poration submits this statement for the purpose oration's board of directors. I hereby accept the app	ointment as rec	rogistered jistered	
agent. I ar	m familiar with, and accept the obligat	tions of, Section 607.0505, Flo	rida Statutes.				
SIGNATURE			/ and	1 (VX One ou 4-7	13-99		
OIOIWATORE .	Signature, typed or printed nar ne of registered agen	 	Regist red Agent signature r			=	
12.		L DIRECTORS	18	AODITICNS/CHANGES TO OFFICERS	Change	Addition	
TITLE	VP	DELETE	1.1 TITLE		Change	[] Addison	
NAME	MINIERI, RICHARD		1.2 NAME			ļ	
STREET ADDRESS	29656 US 19 NO, STE 100		1.3 STREET ADDRESS				
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP				
TITLE	VP	☐ DELETE	2.1 TITLE	PRESIDENT	Change	Addition	
NAME	MINIERI, CARL		2.2 NAME	CARL A, MINIERI			
STREET ADDRE 3S	29656 US 19 NO, STE 100		2.3 STREET ADDRESS	29656 US 19 N. SHE 1	CO	1	
CITY-ST-ZIP	CLEARWATER FL		2. 4 CITY-ST-ZIP	CLEARWATER FL 33	761		
TITLE	Р	DELETE	3.1 TITLE		Change	Addition	
NAME	MINIERI, CARL N.	, ,	3.2 NAME				
STREET ADDRESS	29656 US 19 NO, STE 100		3.3 STREET ADDRESS				
CITY-ST-ZIP	CLEARWATER FL		3 4. CITY-ST-ZIP				
TITLE	S	DELETE	41 TILLE	\$	Change	Addition	
NAME	ROTUNNO, DOROTHY		4 2 NAME	DULLIO ALIMAN		/ `	
	29656 U.S HWY.19 N. #100		4.3 STREET ADDRESS	10/54 115 HWY 19 N # 100			
STREET ADDRESS	CLEARWATER FL 23		4.5 STREET ABORESS	PHILLIP AllMAN 219656 US HWY. 19N#100 CLERRWATER, FL 3376	1		
CITY-ST-ZIP	CELAIWATER 1 C 20	□ DELETE	5.1 TITLE	CILINOR LK TE SSTOT	Change	Addition	
TITLE			5.2 NAME				
, NAME			5.3 STREET ADDRESS				
STREET ADDRE 3S							
CITY-ST-ZIP			5.4 CITY-ST-ZIP 6.1 TITLE		Change	Addition	
TITLE		☐ DELETE			□ critinge		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				

CITY-ST-ZIP 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 of the receiper 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 changes, or on an attack ment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CR2E034 (11/98)