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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J05653

VINCENT J. BARTIMO, INC.

FILED Jan 21, 1999 8:00am Secretary of State 01-21-1999 90034 038 ***150.00



Principal Pla	ce of Business	Mailing Ad	dress				- 1 1801110 0111 33101 61110 01101 01	ING HEL BIOLINE	Til Diest Diâlt	
5940 PELICAN GULFPORT FL	an bay plaza # Fl 33707	IZA #1106			DO NOT WEI	FC IN TUIC	CDACE			
							3. Date Incorporated or Qualifed	E IN THIS	SPACE	
							03/24/1986			
2. Principal I	Place of Business	2a. Mailing	Address				4. FEI Number		T A	oplied For
21		26					02-0353205	_	N ₁	ot Applicable
Suite, Apt	. #, etc.	Suite, A	Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional
22		27					g. Contracte of Status Besiden		Fee Re	equired
City & Sta	ite	City & :	State				6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country . 25	Zip 29	30	Cour	ntry		This corporation owes the curr Personal Property Tax.		ingible	□No
24	9. Name and Address of Current	1		<u> </u>	.		10. Name and Address of New R			
	Jan Barrier		<u>, , , , , , , , , , , , , , , , , , , </u>		81 Nar	ne		<u> </u>		
GAS	SSMAN, ALAN S.			ŀ	82 Stre	ot Addro	ss (P.O. Box Number is Not Accepta	blo)		
	2 COURT STREET, SUITE #B				02 300	et Addie	as (F.O. DOX Number is Not Accepted	ule) Transmission	s emin ,	क राज्य विशेषक स्टेस्ट
CLEARWATER FL 34616				83			等 给被告诉证			
				ŀ	84 City		<u>- 2000 6 10 8 3 3</u>	 	85 Zip	Code
1380 F 71 10 421		1 30 6,700.0	Florid Charac	45			Alian Markathia	<u>FL</u>	<u> </u>	
office or	t to the provisions of Sections 607.0502 registered agent, or both, in the State of	of Florida, Such	change was auth	orized	by the co	ea corpo rporation	ration submits this statement for the n's board of directors. I hereby accep	purpose of c t the appoin	nanging its tment as re	registered gistered
_	am familiar with, and accept the obligati	ions of, Section	607.0505, Florida	a Statu	ites.					,
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Re	gistered A	Agent signat	re required	when reinstating)	DATE		
12	OFFICERS AND			13.			ADDITIONS/CHANGES TO OF		DIRECTO	PRS IN 12
TITLE	D		☐ DELETE	1.1 TITL	LE		4 4141 1 9		☐ Change	Addition
NAME	BARTIMO, VINCENT J.			1.2 NA	ME					
STREET ADORESS	1			1.3 STF	REETADORE	ss				
CITY-ST-ZIP	GULFPORT FL			1.4 CIT	Y-ST-ZIP	<u> </u>				
TITLE	AS		☐ DELETE	2.1 1111	LE				Change	Addition
NAME	GASSMAN, ALAN S.			2.2 NA	ME					
STREET ADDRESS	•				REET ADDRE	SS				ļ
CITY-ST-ZIP	CLEARWATER FL			2.4 CIT		- 1				1
TITLE CONTROL	STATE OF STATE OF		DIRECTE I		TY-ST-ZIP			- <u></u>	Character 1	- Addition
NAME: NAME			DELETE	3.1 1111	LE				Change	☐ Addition (
STREET ADDRESS	。1985年第198日第198日 118日 118日 118日 118日 118日 118日 118日		☐ DELETE	3.1 TITL 3.2 NAM	LE ME				Change	☐ Addition (
CITY-ST-ZIP TITLE	TO THE POST OF THE PARTY OF THE		□ DELETE	3.1 TITL 3.2 NAM 3.3 STR	LE ME REET ADDRE	ss			Change	****
	TO THE POST OF THE PARTY OF THE	···		3.1 TITL 3.2 NAM 3.3 STF 3.4. CIT	LE ME REET ADDRE TY-ST-ZIP	ss				
NAME	ENGRAPETOR, ELVELLA SALTENTE, STEM TOLK	•••	□ DELETE	3.1 TITL 3.2 NAM 3.3 STR 3.4. CIT 4.1 TITL	LE ME REET ADORE TY-ST-ZIP LE	SS			☐ Change	****
NAME POLICATE STREET ADDRESS	日本権権を設定している。 1964年 - 1967年 - 1965年 - 1964年			3.1 TITL 3.2 NAM 3.3 STF 3.4. CIT 4.1 TITL 4. 2 NA	LE ME REET ADDRE TY-ST-ZIP LE ME					
STREET ADDRESS	日本権権を設定している。 1964年 - 1967年 - 1965年 - 1964年			3.1 TITL 3.2 NAM 3.3 STR 3.4. CIT 4.1 TITL 4. 2 NA 4.3 STR	LE ME REET ADDRE TY-ST-ZIP LE ME REET ADDRE					
STREET ADDRESS CITY-ST-ZIP	ENGRAPERION, SUPERIOR PROCESSOR STATES PROCESSOR PROCESS			3.1 TITL 3.2 NAM 3.3 STR 3.4. CIT 4.1 TITL 4. 2 NA 4.3 STR	LE ME REET ADDRE TY-ST-ZIP LE ME REET AODRE Y-ST-ZIP					
STREET ADORESS CITY-ST-ZIP	ENGRAPERION, SUPERIOR PROCESSOR STATES PROCESSOR PROCESS		□ DELETE	3.1 TITL 3.2 NAM 3.3 STR 3.4. CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CIT	LE ME REET ADDRE TY-ST-ZIP LE ME REET ADDRE TY-ST-ZIP				☐ Change	☐ Addition
STREET ADORESS CITY-ST-ZIP TITLE		******	□ DELETE	3.1 TITL 3.2 NAM 3.3 STR 3.4. CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAM	LE ME REET ADDRE TY-ST-ZIP LE ME REET ADDRE TY-ST-ZIP	SS		· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME		* * * * * * * * * * * * * * * * * * * *	□ DELETE	3.1 TITL 3.2 NAM 3.3 STF 3.4. CIT 4.1 TITL 4.2 NAM 4.3 STF 4.4 CIT 5.1 TITL 5.2 NAM 5.3 STF	LE ME REET ADDRE TY-ST-ZIP LE ME REET ADDRE Y-ST-ZIP E ME	SS			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			□ DELETE	3.1 TITL 3.2 NAM 3.3 STF 3.4. CIT 4.1 TITL 4.2 NAM 4.3 STF 4.4 CIT 5.1 TITL 5.2 NAM 5.3 STF	LE ME REET ADDRE TY- ST- ZIP LE ME REET ADDRE TY- ST- ZIP LE ME REET ADDRE TY- ST- ZIP REET ADDRE	SS			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CONTRACTOR STATE OF THE STATE O		□ DELETE	3.1 TITL 3.2 NAM 3.3 STR 3.4. CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAM 5.3 STR 6.1 TITL 6.2 NAM	LE ME REET ADDRE TY-ST-ZIP LE ME	555			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			□ DELETE	3.1 TITL 3.2 NAM 3.3 STR 3.4. CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAM 5.3 STR 6.1 TITL 6.2 NAM	LE ME REET ADDRE TY-ST-ZIP LE ME REET ADDRE	555			☐ Change	☐ Addition

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 on an attachment with an address, with all other like empowered.