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

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # J16137



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90273 013 ***150.00

 Corporation 	Name						
ibf indi	JSTRIES INCORPORATED						
					T CONTRACTOR BEAUTY OF A CONTRACTOR OF THE CONTR	HAN COM ESCA ANA	I SI SIR BIRK (ST)
Principal Place	Mailing Address						
13818 WRIGHT	13818 WRIGHT CIR						
TAMPA FL 33626 TAMPA FL 33626							
US US				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		
					05/23/1986	· · · - · - · - · · - · · · · · · · · ·	
Principal Place of Business Address Address					4. FEI Number	⊢ —	Applied For
21 26					59-2897363		Not Applicable
Suite, Apt. #, etc.					5. Certifcate of Status Desired	•	Additional
22 27							Required
City & State City & State					-6Election Campaign Financing	•	May Be
23 28 7			Country		Trust Fund Contribution Added to Fees		
Zip	Country Zip		Country		8. This corporation owes the current year Intangible Personal Property Tax. Yes No		
24	25	29	30		Personal Property Tax. 10. Name and Address of New Register		
	9. Name and Address of Curr	ent Registered Agent_	81 Na	me	10. Name and Address of New Registe	nea Agent	
COL	LER, WAYNE L.			iii e			
		82 St	eet Addre	ss (P.O. Box Number is Not Acceptable)			
4808 FOX HUNT DR. TAMPA FL 33624			83				
1740	TATE GOOLY		63				
			84 Cit	у	· .	85 Zip	Code
					,	FL S Z	
11. Pursuant office or re	to the provisions of Sections 607.05 egistered agent, or both, in the Stat	502 and 607.1508, Florida Sta e of Florida. Such change was	tutes, the above-nar authorized by the o	ned corpor corporation	ration submits this statement for the purpos 's board of directors. I hereby accept the a	e of changing i ppointment as i	registered registered
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505, I	lorida Statutes.	•	,		
SIGNATURE							{
42	Signature, typed or printed name of registered a		TE Registered Agent signs 13.	rture required	when reinstating) DAT ADDITIONS/CHANGES TO OFFICER		OPS IN 12
12.	OFFICERS AND DIRECTORS DELETE		1.1 TITLE	1	ADDITIONS/CHANGES TO CITICEN	☐ Change	
TITLE NAME	COLLER, WAYNE L.		1.2 NAME	l			
	4000 FOV HUNT DD						
STREET ADDRESS	TAMPA FL		1.3 STREET ADDR	(E55			
CITY-ST-ZIP			1.4 CITY-ST-ZIP			☐ Change	Addition
TITLE	. -	C) VELETE		1		□ o	,,,,,,,,,,,,
NAME	COLLER, NANCI J.		2.2 NAME				ſ
STREET ADDRESS	1		2.3 STREET ADDF	ESS			- 1
CITY-ST-ZIP	TAMPA FL		2. 4 CITY-ST-ZIP			☐ Change	Addition
TITLE	☐ DELETE		3.1 TITLE			CT custige	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDR	ESS			
CITY-ST-ZiP	DELETE		3.4. CITY-ST-ZIP			T Chance	Addition
TITLE	DELETE		•	4.1 TITLE		☐ Change	, [] Addition
NAME			4. 2 NAME				ĺ
STREET ADDRESS			4.3 STREET ADDF	ESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE	DELETE		5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDR	ESS			{
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE	☐ DELETE		6.1 TITLE	1		☐ Change	Addition
NAME			6.2 NAME				ł
STREET ADDRESS			6.3 STREET ADDR	ESS			}
			6.4 CITY-ST-ZIP	i			, i

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 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: