## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## FILED Jul 20, 1999 8:00 am Secretary of State

07-20-1999 90006 037 \*\*\*550.00

Principal Place of Business Mailing Address

3965 HENDERSON BLVD.
TAMPA FL 33629 TAMPA FL 33629

TAMPA FL 33629

TAMPA FL 33629

Suite, Apt. #, etc.   Scarlificate of Status Desired   \$8.75 Addition Fee Required City & State   City & State   Scarlificate of Status Desired   \$5.00 May Branch   State   Scarlificate of Status Desired   Status D	3965 HENDERSON BLVD. TAMPA FL 33629		3965 HENDERSON BLVD. TAMPA FL 33629				DO NOT WRITE IN	THIS SDACE
2. Principal Place of Business 2. Mailling Address 4. FEI Number 5. Certificate of Status Desired 5. Suite, Apt. #, etc. 5. Certificate of Status Desired 5. Certificate 5. Certificate of Status Desired 5. Certificate 5. Certificate 5. Certificate 5. Certificate of Status Desired 5. Certificate 5. Ce								THIS SEASE
2. Principal Place of Business   2a. Mailing Address   4. FEI Number   Applied F   S9-2720167   Not Applied F   S9-2720167   S9-2720167   S9-2720167   Not Applied F   S9-2720167   S9-2720167   S9-2720167   Not Applied F   S9-2720167   S9-272016						<del></del>		
Suite Apt. #, etc.   Scarlificate of Status Desired   \$8.75 Addition Fee Required City & State   City & State   Status Desired   Status Desire	2 Principal Pl	lace of Business	2a Mailing Ac	2a Mailing Address				Applied For
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   S. Certificate of Status Desired   \$8.75 Addition Fee Required City & State   City & City & State   City & State   City & State   City & City & State   City & City	<del></del>						l .	Not Applicable
22   27   27   27   27   27   27   28   28		# etc		# etc				- CO 75
Zip	22		<del>                                     </del>	27			5. Certificate of Status Desired	Fee Required
Zip Country Zip Country Zip Gountry Registered Agent Gountry Registered Agent Sharper Registered Agent Sharper Registered Agent 10. Name and Address of New Registered Agent Name Ramper Registered Agent 10. Name and Address of New Registered Agent Name Ramper Registered Agent Name Ramper Registered Agent Ramper Rampe		e	— ·	ite				\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent  BARBER, TIMOTHY R. 3365 HENDERSON BLVD. TAMPA FL  10. Name and Address of New Registered Agent  11. Name and Address of New Registered Agent  12. Street Address (P.O. Box Number is Not Acceptable)  13. Street Address (P.O. Box Number is Not Acceptable)  14. City  15. Street Address (P.O. Box Number is Not Acceptable)  16. Street Address (P.O. Box Number is Not Acceptable)  17. Pursuant to the provisions of sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, section 607,0505, Florida Statutes.  SIGNATURE  SIGNATURE  30. STREET ADDRESS ADDRESS TO OFFICERS AND DIRECTORS IN 1.1 TITLE  DELETE  1.1 TITLE  DELETE  1.2 TITLE  DELETE  3.1 TITLE  DELETE  3.2 TIMAB  ACTIVISTIZIP		Country	Zip		Country	/	8. This corporation owes the current ye	
BARBER, TIMOTHY R. 3965 HENDERSON BLVD. TAMPA FL 33629  11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with, and accept the obligations of, section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  Street Address (P.O. Box Number is Not Acceptable)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TIME  MAME  STREET ADDRESS  CITY-ST-ZIP  TAMPA FL  DELETE  JELETE  JELET	24	25	29	[3	30			
BARBER, TIMOTHY R. 3965 HENDERSON BLVD. TAMPA FL 33629  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip Code  85 Zip Code  86 Zip Code  87 City FL 85 Zip Code  88 Zip Code  89 Zip Code  80 Zip Code  81 Zip Code  81 Zip Code  82 Zip Code  83 Zip Code  84 City  85 Zip Code  85 Zip Code  86 Zip Code  87 Zip Code  87 Zip Code  88 Zip Code  89 Zip Code  80		9. Name and Address of Curre	nt Registered Ager	nt		,	10. Name and Address of New Regist	ered Agent
3965 HENDERSON BLVD. TAMPA FL 33629  11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable.					81	Name		
11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.  SIGNATURE  Signeture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signeture required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ITITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  1.1 TITLE  DELETE  2.1 TITLE  DELETE  2.2 NAME  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  Change  AC  Change  AC  CHANGE  3.2 NAME  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  Change  AC  CHANGE  STREET ADDRESS  CITY-ST-ZIP  TITLE  STREET ADDRESS  CITY-ST-ZIP  AC  CHANGE  CHANGE  AC  CHANGE  AC  CHANGE  CHANGE  AC  CHANGE  CHANGE  AC  CHANGE						Street Ac	ddress (P.O. Box Number is Not Acceptable)	
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11. Pursuant to the provisions of sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.  SIGNATURE  Signature. typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent eignature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Change Accept the applicable and title if applicable.  1.1 TITLE  DELETE  1.1 TITLE  1.2 NAME  3985 HENDERSON BLVD.  TAMPA FL  DELETE  2.1 TITLE  ACCHANGE  2.2 NAME  2.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  ACCHANGE  3.2 NAME  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  AMME  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  AMME  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  ACCHANGE  3.3 STREET ADDRESS  CITY-ST-ZIP			•					
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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 of 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 tirrector of the corporation or the receiver or trustee emplowed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 13 if changed, or on an adachment with an address.

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

NAME

NAME

STREET ADDRÉSS

STREET ADDRESS

CITY-ST-ZIP

7-8-99

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Change Addition

CR2E034 (5/99)