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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J32409 1. Corporation Name

-TS ENTERPRISES OF TAMPA, INC.

Principal Place of Business		Mailing Address					01011 DIBH 01611	91911 91911 1981	
		4506 WOODMERE RD							
		TAMPA FL 33609	IMPA FL 33609			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			7
						09/09/1986		•	}
2. Principal Place of Business		2a. Mailing Address				4. FEI Number	A	oplied For	1 ,
1		26				59-2719025		ot Applicable	3
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional	3
2 City & Stat	la .	City & State						equired	-
City & State		28				6. Election Campaign Financing Trust Fund Contribution	\$5:00	May Be to Fees	
Zip	Country	Zip	Cou	untry		8. This corporation owes the current year In		10 1 663	1
4	25	29	30	-		Personal Property Tax.	☐ Yes	□No	
	9. Name and Address of Current	Registered Agent	1	ł		10. Name and Address of New Registered	Agent		1
000	CHED OTEVEN O			81	Name	5]
	CHER, STEVEN S. 6 WOODMERE ROAD			82	Street Addres	ss (P.O. Box Number is Not Acceptable)			1
	IPA FL 33609					1.3 25.45.15.22.35.22.35.25.25.35.35.35.35.35.35.35.35.35.35.35.35.35		4 · 1 (81 · 1/4	1
I VIA	II A 1 E 55003			83					
				84	City	# 14 / 15 / 16 / 16 / 16 / 16 / 16 / 16 / 16	* 85 Zip	Code Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statut	es, the a	above	-named corpor	ration submits this statement for the purpose of	I I I I I I I I I I	registered	1
	edistared agent or both in the State of	Elevide Such change was a			ha aarnaration	n's board of directors. I hereby accept the appo	introot no re		
office or i	m familiar with and accept the obligation	ons of Section 607 0505. Flo	uthorized rida Stat	d by t tutes	ne corporation	is board or directors. Thereby accept the appo	minnern as re	gistered	ļ
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flo	uthorized rida Stat	d by t tutes.	ne corporation	is sould of directors. Thereby accept the appo	ulullerit as re	egistered	
agent. I a SIGNATURE	m familiar with, and accept the obligation	ons of, Section 607.0505, Floorn and title if applicable. (NOTE	rida Stat	tutes. d Agent	signature required v	when reinstating)		 	í
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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 on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 10, 1999 8:00am

Secretary of State

02-10-1999 90065 039 ***150.00

813-681-8637