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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # J33628

RAYMON	ID A. ALLEY, JR., P.A.							
Principal Place	e of Business	Mailing Address					II BIBII BIBII	83841 81841 1881
% RAYMOND A. ALLEY JR. % RAYMOND A. ALLEY JR. 805 W. AZEELE TAMPA FL 33606 TAMPA FL 33606						DO NOT WRITE IN THIS	SPACE	
7711177 7 2 3300	~					3. Date Incorporated or Qualifed		
		T				09/17/1986	7-7	nation For
	lace of Business	2a. Mailing Address				4. FEI Number 59-2732732		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	Additional
22		27						equired
City & State	<del>0</del>	City & State				Election Campaign Financing Trust Fund Contribution	-	May Be - to Fees
Zip	Country	Zip	Co	untry		8. This corporation owes the current year Inta		_
24	25	29	30			Tarocriai Toparty Carr	☐ Yes	No
	9. Name and Address of Current	t Registered Agent				10, Name and Address of New Registered A	gent	
ALLE	TV DAVMOND A ID			81	Name			
ALLEY, RAYMOND A. JR. 805 WEST AZEELE				82	Street Ad	ddress (P.O. Box Number is Not Acceptable)		
TAMPA FL 33606				83				
				84	City	FL	85 Zip	Code
		007 4500 FILE CL	1- 4-				hanging its	s registered
11. Pursuant office or nagent. I a	to the provisions of Sections 607.0502 egistered agent or both, in the State of m familian with and accept the obligat	of Florida. Such change was a lions of, Section 607.0505, F	uthorize orida Sta	above ed by atutes.	the corpora	orporation submits this statement for the purpose of cation's board of directors. I hereby accept the appoin	tment as re	egistered
SIGNATURE	Stgnature, types or printed name of registered agent	- Clou	λ	,		Ulred when reinstating) DATE		
12.	ØFFICERS AN		13	J		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	DP			TITLE		•	Change	Addition
NAME			1.2 NAME					
STREET ADDRESS			1.3 STREET ADDRESS					
CITY-ST-ZIP			CITY-\$1	Γ-ZIP	<u></u>		Addition	
TITLE	☐ DELETE 2			2.1 TITLE			☐ Change	Addition
NAME				NAME				
STREET ADDRESS					ADDRESS	•		
CITY-ST-ZIP		□ DCI ETE	_	CITY-S	T-ZIP		Change	Addition
TITLE	}	☐ DELETE		TITLE				
NAME			1	NAME STOCET	ADDRESS			
STREET ADDRESS			1		ADDRESS			
CITY-ST-ZIP		☐ DELETE	_	CITY-S TITLE	1-21		☐ Change	Addition
NAME			•	NAME	1		_ •	_
STREET ADDRESS	"				ADDRESS			
CITY-ST-ZIP				CITY-SI	- 1			
TITLE			TITLE	-		☐ Change	Addition	
NAME				NAME				
STREET ADDRESS			5.3	STREET	ADDRESS			
CITY-ST-ZIP	l .		5.4	CITY-ST	r-zip	· .		
CD 1-31-ZII								
TITLE		DELETE	6.1	TTLE		······································	☐ Change	Addition
		DELETE		TITLE NAME		<del></del>	☐ Change	Addition 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 channed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

**FILED** 

Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90076 041 \*\*\*150.00