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

PROFIT



FLORIDA DEPARTMENT OF STATE

May 14, 1999 8:00 am

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	NUAL REPORT 1999		Secretary of S DIVISION OF CORPO			IONS	-	Secretary of State 05-14-1999 90003 016 ***450.00				
1. Corporation		38984		-		• ,						
NE.	SIGNER T	RAVEL :	n			,	:					
	e of Business		ing Address				js.					•
			•			۲	′			•		
2525 Pasadena Avenue South Suite O												
St. Petersburg, FL. 33707									TE IN THIS SPAC	<u> </u>		1
is seen and the seen of the se								3. Date incorporated or Qualifed 10/22/86				
2. Principal F	Place of Business	2a. N	2a. Mailing Address					4. FEI Number		Ar	plied For	1
4		26	J				ļ	59-2725887	<u> </u>		ot Applicable	1
Suite, Apt.	. #, etc.	27	Suite, Apt. #, etc.	-		•		5. Certifcate of Status Desired	1	.75	Additional equired	
City & Stat	te		City & State					6. Election Campaign Financing	•		May Be	1
		28						Trust Fund Contribution			to Fees	
Zip	Country	Z	Zip Country					8. This corporation owes the curre	ent year Intangible	е		1
-	25	29						Personal Property Tax.	□ Ye		□No	
	9. Name and Address	of Current Registe	red Agent		81	Name		10. Name and Address of New R	egistered Agent	<u>. </u>		1
	Anthony P. Val	ente, Jr.,	Esquire		0.	Name						
KNAUST & VALENTE, PA.						Street /	Addres	s (P.O. Box Number is Not Accepta	ble)			ĺ
	2730 Central A	Avenue			83	 						ł
	St. Petersburg	, FL. 33	712		0.5					-	4	
	•	-			84	City			E1 85	Zip (Code	
11. Pursuant	to the provisions of Section	ns 607 0502 and 607	1508 Florida Statutes	the a	boye	-named	comors	ation submits this statement for the	Durnose of chang	ing its	registered	. `
office or r	egistered agent, or both, in	the State of Florida.	Such change was aut	horized	i by	the corpo	oration's	s board of directors. I hereby accep	t the appointment	as re	gistered	ĺ
	m familiar with, and accept	the obligations of, o	ection 607.0303, Fioric	ia Stat	ules.	•		. *	4-27-9	0		-
SIGNATURE	Signature, typed or printed flame of r	registered agent and title if ap	oplicable. (NOTE: R	egistered	Agen	t signature re	equired wi	hen reinstating)	DATE			- -
12.	OFF	ICERS AND DIRECT	rors .	13.				ADDITIONS/CHANGES TO OFF	ICERS AND DIR	ECTO	RS IN 12	Ğ
TITLE	Patricia Seifried				1.1 TITLE					hange		ΙΞ
NAME	2525 Pasadena Avenue		S. P/D		1.2 NAME							34
STREET ADORESS	St. Petersbur	g, FL. 33	33707			1.3 STREET ADDRESS						lЩ
CITY-ST-ZIP	,			1.4 CI	TY-ST	r-ZIP						CR2E034 (11/98)
TITLE	Edward Seifr		☐ OELETE	2.1 TT					□ci	hange	Addition	_
NAME	2525 Pasadena Avenue S. VP/D St. Petersburg, FL. 33707			2.2 NAME						_		ł
STREET ADDRESS	St. Petersbu	irg, FL. 3.	3707			'ADDRESS						ĺ
CITY-ST-ZIP	 		☐ DELETE	2.4 C		T-ZIP				hange	Addition	
NAME	Dawn Seifried			3.2 NA		-				latige		l
STREET ADDRESS	2525 Pasadena	5/1			ADDRESS						l	
CITY-ST-ZIP	St. Petersbur	g, FL. 33	707	3.4. CI		i						
TITLE	Ronald O'Connor		☐ OELETE	4.1 TITL		·			□ Ci	hange	Addition.	1
NAME	2525 S. Pasa							·	_	-	_	1
STREET ADDRESS			42.00			ADDRESS						1
CITY-ST-ZIP	St. Petersbu	шу, гь. з.	3707	4.4 CT	ry-st	-ZIP					,	
TITLE	· ——— .		☐ DELÉTÉ	5.1 TTT						ange	☐ Addition	
NAME				5.2 NA	ME						-,	
STREET ADORESS						ADORESS					_	
CITY-ST-ZIP	·	<u>.</u>		5.4 CIT	_	-ZIP						
TITLE	_		□ DELETE	6.1 TTT	Œ	- 1			. □ Ch	ange	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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

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