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 # **J44250**

1. Corporation Name

THE RISING SUN IV, INC.

May 14, 1999 8:00 am Secretary of State

05-14-1999 90001 029 ***450.00



								#		ALK ENERL BOARK EKBI	(1 616) 6 14 1881	
Principal Place of Business Mailing Address								, , , , , , , , , , , , , , , , , , , ,				
3600 66TH STREET NORTH 3600 66TH STREET NORTH							İ					
ST PETERSBURG FL 33710 ST PETERSBURG FL 33710								DO NOT WRITE IN THIS SPACE				
							3	Date Incorporated or Qualifed				
					_			11/26/1986				
2. Principal P	lace of Business	2a	. Mailing Address				4	, FEI Number		<i>F</i>	Applied For	
21		26			_			59-2928520		N	Not Applicable	
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.				5	i, Certifcate of Status Desired			Additional Required	
City & Stat	te		City & State				6	. Election Campaign Financing			0 May Be	
23		28					_	Trust Fund Contribution		Added	d to Fees	
Zip	Country	<u> </u>	Zip	Co	ıntry		8	 This corporation owes the cur 	ent year			
24	25	29		30	,			Personal Property Tax.		Yes	₽Ko	
	9. Name and Address of C	urrent Regi:	stered Agent		Ļ.		10). Name and Address of New I	Register	ed Agent		
DED	LMAN, JOSEPH H				81	Name						
			82 Street Address (P.O. Box Number is Not Acce				able)					
1101 BELCHER RD. SUITE B					83							
LAR	GO FL 33771				84	City				85 Zip	o Code	
					04	City			F	=L °°	Code	
agent. I a	registered agent, or both, in the Sim familiar with, and accept the configuration of the signature, typed or printed name of registers.	ibligations of	f, Section 607.0505,	Florida Stat	utes	t signature requ			DATE			
12.	OFFICER	S AND DIR	ECTORS	13.				ADDITIONS/CHANGES TO OF	FICERS	AND DIRECT	ORS IN 12	
TITLE	PTSD		☐ DELETE	1.1 Ti	TLE		-			Change	e 🔲 Addition	
NAME	DEL BELLO, DALE			1.2 N	AME						}	
STREET ADDRESS	3600 66TH STREET NORT	Н		1.3 S	TREE1	ADDRESS						
CITY-ST-ZIP	ST. PETERSBURG FL 3371	10		1.4 C	ITY-S'	r-zip						
TITLE		_	☐ DELETE	2.1 T	πE					Change	e 🔲 Addition	
NAME				2.2 N	AME						.]	
STREET ADDRESS				2.3 \$	TREET	ADDRESS					ļ	
CITY-ST-ZIP				2.40	ITY-S	IT-ZIP					1	
TITLE			☐ DELETE							Change	e 🔲 Addition	
NAME				3.2 N	AME							
STREET ADDRESS				3.3 S	TREET	ADDRESS					·	
CITY-ST-ZIP				3.4. 0	ITY-S	T-ZIP						
TITLE			☐ DELETE	4.1 Ti						Change	e Addition	
NAME				4.21	IAME							
STREET ADDRESS						ADDRESS					ł	
CITY-ST-ZIP					ITY-S							
TITLE			☐ DELETE							Change	e	
NAME				5.2 N								
STREET ADDRESS				5.3 S	TREET	ADDRESS					ĺ	
CITY-ST-ZIP				5.4 C	TY-S	7-Z)P					ļ	
TITLE			☐ DELETE				_			☐ Change	e 🔲 Addition	
NAME				6.2 N	AME					_ •		
STREET ADDRESS						ADDRESS					ļ	

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP