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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED Feb 18, 1999 8:00am **Secretary of State**

DOC	1999	DIVISION	ocretary of State OF CORPORATIONS	Secretary of State	
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1. Corpo	CUMENT # J483	6 9	·	02 10 1555 50015 001 150.00	
	LER & ASSOCIATES, INC.				
	azir a roccolates, INC.				
				I TARICA ACT SIGN ISSES THE ACTOR OF A STATE STA	
Principal	Place of Business				
	ENNEDY BLVD	Mailing Address		r consise miss from think first divid for dividing the bigg of the constant of	
SUITE 204	,	3333 W KENNEDY BL	VD		
TAMPA FL	33609-2952	SUITE 204 TAMPA FL 33609-2952	•		
US		US		DO NOT WRITE IN THIS SPACE	
2 Dringie	al Place of Business			3. Date Incorporated or Qualifed	
21	all Place of Business	2a. Mailing Address		12/15/1986 4. FEI Number	
<u> </u>	Apt. #, etc.	26		50-2745200 Applied F	
22	φ π , etc.	Suite, Apt. #, etc.			icable
City & S	State	27		5. Certificate of Status Desired \$8.75 Addition	nal
23		City & State		6. Election Campaign Financing \$5.00 May P	
Zip	Country	28		Truck Fund On the Prince of th	Be .
24	25	Zip	Country	8. This corporation owes the current year Intangible	<u> </u>
	9. Name and Address of Cu	rept Registered A	30	Personal Property Tax.	
167		Tent Registered Agent		10. Name and Address of New Registered Agent	
W	ALLER, SUSAN T.		81 Name		
3019 EMERSON ST.			82 Street A	ddress (P.O. Box Number is Not Acceptable)	
I.A	AMPA FL 33629		<u> </u>	——————————————————————————————————————	
			83	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	155
			84 City		
11. Pursuar	nt to the provisions of Sections 607.0	0502 and 607 1509 Florida Oc		85 Zip Code	
agent. I	r registered agent, or both, in the Sta	ite of Florida. Such change was	utes, the above-named cauthorized by the corner	proporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered	bo:
SIGNATURE	am familiar with, and accept the obli	igations of, Section 607,0505, F	Iorida Statutas	difference of the country account the area in the second the secon	
			iorida Statules.	accept the appointment as registered	
12	Signature, typed or printed name of registered a	gent and title if applicable. (NO	oldidies.	spontantit as registered	
12.	Signature, typed or printed name of registered a		TE: Registered Agent signature requ	uired when reinstating) DATE	
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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 Block 12 or Block 13 if changed, or or an attachment with an address, with all other like empowered.

SIGNATURE:

2-1-99

813 877-4800