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**PROFIT CORPORATION** ANNUAL REPORT

1999

DOCUMENT # J60131



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 08, 1999 8:00 am Secretary of State Katherine Harris

03-08-1999 90044 023 \*\*\*150.00



	INC.							
Principal Place	e of Business	Mailing Address					I OISII BIOII SIOII S	HAN BIANI KADI
1671 SHERBRO		1671 SHERBROOK RD						
CLEARWATER FL 34624 CLEARWATER FL 34624			4					
บร		US			<u> </u>	DO NOT WRITE IN TH	IS SPACE	
					3	Date Incorporated or Qualifed 102/27/1987		
O Dississi D	la of Duniana	2a. Mailing Address				L FEI Number	TTAn	plied For
<u> </u>	lace of Business	<b>├</b> ─¬,			"	59-2783087	<del> </del>	t Applicable
- Suite, Apt.	# etc	26 Suite, Apt. #: etc.					<del> </del>	Additional
22	r, 0.00.	27			5	5. Certifcate of Status Desired	Fee Re	
City & State	e	City & State				. Election Campaign Financing	\$5.00	May Be
23		28			]	Trust Fund Contribution	Added t	- 1
Zip	Country	Zip	Cou	intry	8	3. This corporation owes the current year	Intangible	
24	25	29	30		<u>`</u>	Personal Property Tax.	Yes	□No_
	9. Name and Address of Currer	nt Registered Agent			10	). Name and Address of New Registere	d Agent	
LIAM	TARMAN T			81 Name				1
	I, TAMMY T			82 Street A	Address (	(P.O. Box Number is Not Acceptable)		
	SHERBROOK RD							
CLEA	ARWATER FL 33764			83				
				84 City			. 85 Zip (	Code
				1		<b>_</b>		
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligation.	of Florida. Such change wa	as authorized	i by the corpo	corporation's t	on submits this statement for the purpose poard of directors. I hereby accept the app	ointment as re	gistered
SIGNATURE								
			OTE: Desistered	A cost signature so	-autrad subar	n eminatolina) DATE		
12	Signature, typed or printed name of registered age			Agent signature re	equired when		AND DIRECTO	RS IN 12
<b>12.</b>	OFFICERS AN	int and title if applicable. (ND DIRECTORS	13.		equired when	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	OFFICERS AN	ND DIRECTORS	13.	TLE	aquired when			
TITLE NAME	OFFICERS AND PST HAIN, TAMMY T	ND DIRECTORS	13. 1.1 TI 1.2 N	TLE AME	aquired wher			
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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.

SIGNATURE: