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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K75221

 Corporation 	on Name	•										
OFF LIM	AITS, INC.											
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Principal Plac	ce of Business	Mailing Add	dress			1	, , ,		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
639 CLEVELAN	ID ST. SUITE 310	639 CLEVEL	AND ST., SUITE	310								
CLEARWATER FL 33755 CLEARWATER FL 33755												
US						DO NOT WRITE IN THIS SPACE						
							3. Date Inco	orporated or Qualife	ed			7
							03/14/1	1989				1
2 Principal F	Place of Business	2a. Mailing	Address				4. FEI Numi			I A	pplied For	┥
- `	lace of business	} ₁	71001000				59-295					- 15
21	, , , , , , , , , , , , , , , , , , ,	26	-1 41 -1-				38-283	1301			lot Applicable	4
Suite, Apt.	: #, etc. ≈	·	pt. #, etc.				=5 Certifcate	of Status Desired			Additional	
22		27								Fee F	Required	_
City & Sta	te ·	City & S	State				6. Election (Campaign Financin	g _	\$5.00	May Be	
23		28					Trust Fun	nd Contribution	ш	Added	to Fees	
Zip	- Country	Zip		Cour	try		8. This corp	oration owes the c	urrent vear li	ntangible		
24	25	29	[a	30		- 1	· · · · · · · · · · · · · · · · · · ·	Property Tax.	,	Yes	□No	
27	9. Name and Address of Curre			~		1		d Address of Nev	v Registerer			\dashv
	9. Name and Address of Odife	· · · · · · · · · · · · · · · · · · ·	jent		81 Name		TO. Italiie all	Id Addiess of He	· Nogistalat	- Agoint		┥
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	TE 310				83			· · · · · · · · · · · · · · · · · · ·	14. 强强	110000	期間間	7
. CLE	ARWATER FL 33755						<u>.</u>		Marin at	E. 41 [12] [2]	相對於自由	_
•				- 1	B4 City				F	85 Zip	Code	
<u> </u>	<u> </u>			!								
11, Pursuant	to the provisions of Sections 607.05 registered agent, or both, in the State	502 and 607.1508, te of Florida, Such (Florida Statutes	s, the ab	ove-named	corpora	ation submits t	inis statement for the	ne purpose o	of changing it	s registerea eaistered	
agent. La	am familiar with, and accept the oblig	gations of, Section	607.0505, Florid	da Statu	by the corp les.	oracions	s board or dire	octors. Thereby acc	ehr nie appr	Jiiiliileilt as t	ogisto. oa	
	to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblig	gations of, Section	607.0505, Florid	da Statu	es.	oragon	s board or dire	octors. Thereby do	ept die appt	Jinument as t	ogiatoroa	
agent. I a				•			hen reinstating)		DATE	Jimment as t		
	Signature, typed or printed name of registered ag			•			hen reinstating) •		DATE			
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable.		Registered A	gent signature		hen reinstating) ,	S/CHANGES TO C	DATE		ORS IN 12	14,000)
SIGNATURE 12. TITLE	Signature, typed or printed name of registered as OFFICERS A	gent and title if applicable.	(NOTE: R	Registered / 13. 1.1 TTT	gent signature		hen reinstating) •	S/CHANGES TO C	DATE	ND DIRECT	ORS IN 12	c
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered as OFFICERS A DP CASSANO, RAY	gent and title if applicable. AND DIRECTORS	(NOTE: R	13. 1.1 TTTL	gent signature E		hen reinstating) ,	S/CHANGES TO C	DATE	ND DIRECT	ORS IN 12	3
SIGNATURE 12. TITLE	Signature, typed or printed name of registered as OFFICERS A DP CASSANO, RAY 639 CLEVELAND ST.,STE310	gent and title if applicable. AND DIRECTORS	(NOTE: R	13. 1.1 TTTL	gent signature		hen reinstating) ,	S/CHANGES TO C	DATE	ND DIRECT	ORS IN 12	5
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered as OFFICERS A DP CASSANO, RAY	gent and title if applicable. AND DIRECTORS	(NOTE: R	13. 1.1 TITL 1.2 NAM 1.3 STR	gent signature E		hen reinstating) ,	S/CHANGES TO C	DATE	ND DIRECT	ORS IN 12	D2E034 /
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered as OFFICERS A DP CASSANO, RAY 639 CLEVELAND ST.,STE310	gent and title if applicable. AND DIRECTORS	(NOTE: R	13. 1.1 TITL 1.2 NAM 1.3 STR	gent signature E E EET ADDRESS		hen reinstating) ,	S/CHANGES TO C	DATE	ND DIRECT	ORS IN 12	D2E034 /
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered as OFFICERS A DP CASSANO, RAY 639 CLEVELAND ST.,STE310	gent and title if applicable. AND DIRECTORS	(NOTE: R	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CIT	gent signature E E EET ADDRESS '- ST-ZIP E		hen reinstating) ,	S/CHANGES TO C	DATE	ND DIRECT	ORS IN 12	D2E034 /
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered as OFFICERS A DP CASSANO, RAY 639 CLEVELAND ST.,STE310 CLEARWATER FL	gent and title if applicable. AND DIRECTORS	(NOTE: R	13. 1.1 TITL 1.2 NAN 1.3 STE 1.4 CIT 2.1 TITL 2.2 NAN	gent signature E IE EET ADDRESS /-ST-ZIP E		hen reinstating) ,	S/CHANGES TO C	DATE	ND DIRECT	ORS IN 12	D2E034 /
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered as OFFICERS A DP CASSANO, RAY 639 CLEVELAND ST.,STE310 CLEARWATER FL	gent and title if applicable. AND DIRECTORS	(NOTE: R	13. 1.1 ITTL 1.2 NAM 1.3 STF 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STF	E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP		hen reinstating) ,	S/CHANGES TO C	DATE	ND DIRECT	ORS IN 12 Addition	, repactor /
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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 13 if changed, or on an adjactment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 08, 1999 8:00am

Secretary of State

02-08-1999 90062 032 ***150.00