

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jun 16, 1999 8:00 am**  
**Secretary of State**

06-16-1999 90014 042 \*\*\*550.00

**DOCUMENT # K81906**

1. Corporation Name

BYTAMI, INC.

Principal Place of Business

900 North Dale Mabry  
Tampa, FL 33609

Mailing Address

900 North Dale Mabry  
Tampa, FL 33609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/19/89

4. FEI Number

59-2946222

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 900 North Dale Mabry

2a. Mailing Address

26 5718 E. ADAMO DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

23 Tampa, FL

City &amp; State

28 Tampa, FL

Zip

24 33609

Country

25 USA

Zip

29 33619

Country

30 Hillsborough

9. Name and Address of Current Registered Agent

Diaz, Joseph L.  
2522 W. Kennedy Boulevard  
Tampa, FL 33609

10. Name and Address of New Registered Agent

81 Name **DAVID SCOTT BOARDMAN**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1710 E. SEVENTH AVE**  
83  
84 City **Tampa** FL 85 Zip Code **33605**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

6/25/99

12. OFFICERS AND DIRECTORS

TITLE	PVPS	<input checked="" type="checkbox"/> DELETE
NAME	JAMES, BARBARA	
STREET ADDRESS	900 North Dale Mabry	
CITY-ST-ZIP	Tampa, FL 33609	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	James, Barbara	
STREET ADDRESS	900 North Dale Mabry	
CITY-ST-ZIP	Tampa, FL 33609	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JACK GALARDI	
1.3 STREET ADDRESS	5718 E. ADAMO DR.	
1.4 CITY-ST-ZIP	Tampa FL 33619	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/27/99 (813) 630-7401

Date

Daytime Phone #

CR2E034 (11/98)