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 # K83781

1. Corporation Name

Santr	SUPERIJES, INC.							
Principal Place	of Business	Mailing Address		_		1 (46(0)() 841 (8)84 ()() (000) (000)		,
2905 58TH AVEN	WE NORTH .	2905 58TH AVENUE NORT	Ή			·		
ST. PETERSBURG FL 33714 ST. PETERSBURG FL 33714						DO NOT WRITE IN THI	SPACE	
	•	•				3. Date Incorporated or Qualifed		
						04/27/1989		}
3 Oringinal Di	ace of Business	2a. Mailing Address				4. FEI Number		Applied For
Z. Finicipal Fi	ace of Business	26				59-2962108	1	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired	•	Additional
22		27			_	5. Certificate of Status Desired	Fee F	Required
City.&: State	-	City & State	<u>ہے۔</u>			6. Election Campaign Financing		O May Be ──
23	<u> </u>	28				Trust Fund Contribution		d to Fees
Zip	Country	Zip	_	untry		8. This corporation owes the current year to		MNo
24	25	29	30			Personal Property Tax. 10. Name and Address of New Registered	☐ Yes	
	9. Name and Address of Curr	ent Registered Agent		81	Name	10. Name and Address of New Registered	- Ageric	
WED	DINC DODECT D AIA			"	Name			
WEDDING, ROBERT R AIA 4112 CYPRESS STREET				82	Street Add	dress (P.O. Box Number is Not Acceptable)		
	PA FL 33607			83				
IAIVIF	A PL 33007			63				
	•			84	City	F	85 Zir	p Code
							f changing i	its registered
						rporation submits this statement for the purpose of ation's board of directors. I hereby accept the app	intment as	registered
agent, l ai	m familiar with, and accept the obli	gations of, Section 607.0505, F	lorida Sta	tutes				Ì
SIGNATURE			FE B 194		at also atropa na mili	uired when reinstating) DATE		
	Signature, typed or printed name of registered a	AND DIRECTORS	13.		it signature requi	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	FORS IN 12
12.	PST	DELETE		mle			☐ Changi	
TITLE	WEDDING, SALLY			VAME				l
NAME {	2905 58TH AVE N		1		TADDRESS			Ì
STREET ADDRESS	ST PETERSBURG FL		1	CITY-S				
CITY-ST-ZIP TITLE	D	☐ DELETE	_	TITLE			☐ Change	e Addition
	WEDDING, SALLY		2.23	NAME	}			
NAME	COOK SOTULANT M		2.3 5	STREE	TADDRESS			
STREET ADDRESS	ST-PETERSBURG FL.		- 1		ST- ZIP		<u></u>	
TITLE			_	TITLE			Chang	je 🔲 Addition
NAME			3.21	NAME	1	•		
STREET ADDRESS			3.3	STREE	T ADDRESS			
CITY-ST-ZIP			3.4.	CITY-S	ST-ZIP			
TITLE		☐ DELETE	4.1	TITLE			☐ Chang	pe 🗌 Addition
NAME	·	•	4. 2	NAME		· .		
STREET ADDRESS			4.3	STREE	TADDRESS			
CITY-ST-ZIP			4.4	CITY-S	ST-ZIP	· · · · · · · · · · · · · · · · · · ·		
TITLE			TITLE			☐ Chang	je Addition	
NAME			5.2	NAME	-	•		
STREET ADDRESS			5.3	STREE	T ADDRESS			
CITY-ST-ZIP			5.4	CITY-5	ST-ZIP			
TITLE	DELETE		6.1	6.1 TITLE			☐ Cḥang	ge
NAME			6.2	NAME	ļ			
STREET ADDRESS	1 1		6.3	STREE	T ADDRESS	•		

SIGNATURE:

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 of the receiver or trustage employed 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.

FILED

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90136 013 ***150.00