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**PROFIT** CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 1. Corporation Name

Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Solute, Apt. #, etc.   S	222		•								
3 3701 3 3701 3 3701 3 3701 3 3701 3 Date Incorporated or Qualifed OS/03/1989 4. FEI Number Sq. 3/1989 1. FEI Number Sq. 3/1989 2. FEI Number Sq. 4. FEI Num		2 ND ST. N.	222	2 20 5							
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2. Principal Place of Business  3. FET Number  5. Certificate of Status Desired  6. Election Campaign Financing  5. Stour Desired Desired  7. Personal Property Tax  7. Personal Property Tax  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Name Desired Agent  11. Name and Address of New Registered Agent  12. Stour Desired Tax Desired Statutes  13. Stour Desired Tax Desired Tax Desired Agent Statutes  14. Each of Professions of Sections 607.0502 and 607.1508, Florida Statutes  15. Personal Property Tax  15. Name  16. Election Campaign Financing  16. Election Campaign Financing  17. Name Desired Agent Manual Property Tax  18. This and Address of Current Registered Agent  19. Name and Address of New Registered Agent  10. Name and Address of New Registered Agent  10. Name and Address of New Registered Agent  10. Name and Address of New Registered Agent  11. Name Desired Agent Status Desired New Registered Agent  11. Name Desired Agent Status Desired New Registered Agent  12. Certificate Official Status Desired Agent Status Desired New Regis				33701			3. Date In-	corporated or Qualife	ed		
Surie, Apt. #, etc.   Suite, Apt. #, etc.   Scriticate of Status Desired   \$8.75 Additional Fee Required City & State   Scriticate of Status Desired   \$5.00 May Be Added to Fees   Addition   Addi		_					05/	03/1989			
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City & State   City		#, etc.	Suite, Apt.	#, etc.			5. Certifca	te of Status Desired	П		
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Zip		e	<u></u>	е			l l		<sup>ig</sup> □		•
24 25 29 30 Personal Property Tax.   yes   No  9. Name and Address of Current Registered Agent  HIGGINS, JOHN P.  ONE TROPICANA DRIVE  ST. PETERSBURG, FL 33705  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 agent. I am familier with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DC   DELETE   1.1 TITLE   Change   Addition   STREET ADDRESS				,			<del></del>				to Fees
9. Name and Address of Current Registered Agent  HIGGINS, JOHN P.  ONE TROPICANA DRIVE  ST. PETERSBURG, FL 33705  183  84 City  FL 85 Zip Code  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 607.0508, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  12.  OFFICERS AND DIRECTORS  13.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TIME  OFFICERS AND DIRECTORS  13. TIME  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TIME  OFFICERS AND SIRECT ADDRESS  22.2. 2.D.5.T. N.  13.STREET ADDRESS  22.2. 2.D.5.T. N.  13.STREET ADDRESS  CITY-ST-ZPP  ST. PETERSBURG, FL 3370   14.CITY-ST-ZPP  DELETE  12.NAME  ORLANGELIN, CRAIG W.  23.STREET ADDRESS  ST. PETERSBURG, FL 3370   24.CITY-ST-ZPP  ST. PETERSBURG, FL 3370   24.CITY-ST-ZPP  ST. PETERSBURG, FL 3370   33.STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  ST. PETERSBURG, FL 3370   24.CITY-ST-ZIP  ST. PETERSBURG, FL 3370   33.STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  ST. PETERSBURG, FL 3370   34.CITY-ST-ZIP  ST. PETERSBURG, FL 3370   35.TITLE  Change  Addition  Addition  Change  Addition  Change  Addition  STREET ADDRESS			<u></u> ⊢ ·		¬ '			•	urrent year Ir		□No
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Street Address (P.O. Box Number is Not Acceptable)   Str.   Petersburg, FL 33705   83   84   City   FL   85   Zip Code			nt Registered Agent	·	81	Name	IU. Name a	Ind Address of Nev	w Kegistereu	Agent	
B2   Street Address (P.O. Box Number is Not Acceptable)   ST. PETERSBURG, FL 33705    83	[+ i	GGINS, JOHN P.			"	Name					_
83  84 City FL 85 Zip Code  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 agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  STREET ADDRESS  22.2 2.25 5.T. N. 13.5TREET ADDRESS  CITY-ST-ZIP  TITLE  OCHANGE  Addition  Change  Addition  AME  STREET ADDRESS	A 13	E TRABLES IN A	aNE		82	Street A	ddress (P.O. Box	Number is Not Accep	ptable)		
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	12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	OFFICERS AND DC GUEST, FREDER 222 2MD ST. N. ST. PETERSBURG STP MILAUGHLIN, C 222 2ND ST. N	RICK E TO AN ALL STREET	OPLETE  OPLETE  OPLETE  OPLETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-ST 4.1 TITLE 4.2 NAME 4.3 STREET	ADDRESS - ZIP  ADDRESS 1- ZIP  ADDRESS 1- ZIP  ADDRESS ADDRESS		NS/CHANGES TO C		☐ Change	Addition
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S A ATTEST ADDRESS	12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	OFFICERS AND DC GUEST, FREDER 222 2MD ST. N. ST. PETERSBURG STP MILAUGHLIN, C 222 2ND ST. N	RAIG W.	OPLETE  OPLETE  OPLETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-ST 4.1 TITLE 4.2 NAME 4.3 STREET 4.2 NAME 5.1 TITLE 5.1 TITLE 5.1 TITLE	ADDRESS - ZIP  ADDRESS 1- ZIP  ADDRESS 1- ZIP  ADDRESS ADDRESS		NS/CHANGES TO C		☐ Change ☐ Change ☐ Change	Addition Addition
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OTTO THE CONTROL OF T	12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AND DC GUEST, FREDER 222 2MD ST. N. ST. PETERSBURG STP MILAUGHLIN, C 222 2ND ST. N	RAIG W.	OPLETE  OPLETE  OPLETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET	ADDRESS - ZIP  ADDRESS 1- ZIP  ADDRESS - ZIP  ADDRESS - ZIP  ADDRESS		NS/CHANGES TO C		☐ Change ☐ Change ☐ Change	Addition Addition
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CITY-ST-ZIP 6.4 CITY-ST-ZIP	12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AND DC GUEST, FREDER 222 2MD ST. N. ST. PETERSBURG STP MILAUGHLIN, C 222 2ND ST. N	RICK E TO BE	OPELETE  OPELETE  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 CITY-ST 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-ST 5.1 TITLE 5.2 NAME 5.3 STREET 5.1 TITLE 6.2 NAME	ADDRESS -ZIP  ADDRESS 1-ZIP  ADDRESS -ZIP  ADDRESS -ZIP  ADDRESS -ZIP		NS/CHANGES TO C		☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition

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: Craig W. Mc Laughting OFFICER OR DIRECTOR CRAIR W. Mc Laughtin

FILED May 13, 1999 8:00 am Secretary of State

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