FILED Apr 19, 1999 8:00 am Secretary of State

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## 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 # L07713**

1. Corporation Name

OTTO'S ADDITIONCE SALES AND SERVICE INC

01100	AFFEINIOE OALLO, AIND OL	TILLIOP) IIIO,	٠					
Principal Place	o of Business	Mailing Address				( (82149)) att 22(1) (82)) (829) (489) (489)	A1011 E1211 E1211	#1#14 £1811 18 <b>4</b> 1
1922 73RD AVE., N 4922 73RD AVE., N					ļ			
PINELLAS PARK FL 34665 PINELLAS PARK FL 34665						DO NOT WRITE IN TH	IS SPACE	
	$\overline{}$					3. Date Incorporated or Qualifed	O OI AGE	
						08/07/1989		
Principal Place of Business     2a. Mailing Address						4. FEI Number	A	pplied For
26						59-2965025	N	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	•	Additional
27						G. Certificate of States Desired		equired
City & Stat	City & State	3			6. Election Campaign Financing		May Be	
28						Trust Fund Contribution		to Fees
Zip	Country	□ 22- 01 · □**	ountry	·		8. This corporation owes the current year t	Intangible ☐ Yes	₽No
4 337		29 3378 30°				Personal Property Tax.  10. Name and Address of New Registere		
	9. Name and Address of Current	Registered Agent	81	Name		IV. Hallie and Address of Hew Registere	- vidail	
MCFADDEN, MICHAEL K.								
200 CLEARWATER-LARGO ROAD			82	Street /	Addres	ss (P.O. Box Number is Not Acceptable)		ı
LARGO FL (34640)			83	<del>                                     </del>				
			L					
		-	84	City		F	85 Zjp	Code <b>377</b>
office or n	egistered agent, or both, in the State o m familiar with, and accept the obligati	ons of, Section 607.0505, Florida S	zed by tatutes	the corpo	oration	ration submits this statement for the purpose is board of directors. I hereby accept the app when reinstating)  DATE	of changing its	s registered egistered
40	Signature, typed or printed name of registered agent OFFICERS AND		3.	int signature ri	adolled A	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
12.	DPT		TITLE			ADDITIONO.	☐ Change	
NAME	VOSKIAN, ARTHUR M.	_	2 NAME					
STREET ADDRESS	2214 LAUREN DR.			TADDRESS				
	LARGO FL		4 CITY-S		1	2,0 33774		
CITY-ST-ZIP TITLE			TITLE				Change	☐ Addition
NAME			2 NAME	l	i			
STREET ADDRESS				T ADDRESS	ŀ			
CITY-ST-ZIP	ST. PETERSBURG FL	2.	4 CITY-	ST-ZIP	ł	<u> </u>		
TITLE			1 TITLE		1		☐ Change	☐ Addition
NAME		· , , , , , , , , , , , , , , , , , , ,	2 NAME		-	, Line Silver	- "	•
STREET ADDRESS		3.	3 STREE	T ADDRESS	ľ			
CITY-ST-ZIP			4. CITY-	ST-ZIP				
TITLE		☐ DELETE 4.	t TITLE		1		Change	☐ Addition
NAME -		4.	2 NAME					•
STREET ADDRESS		4.	3 STREE	T ADDRESS				
CITY-ST-ZIP			4 CITY-S	ST-ZIP		18		
TITLE			1 TITLE				Change	Addition
NAME		1	2 NAME		1	•		
STREET ADDRESS	,			TADDRESS	1			
CITY-ST-ZIP			4 CITY-5 1 TITLE		<del></del>		Change	Addition
TITLE								. LJ Addison
NAME CO.			2 NAME		1			
CTDEET ADDDECC	l .	■ 6.	JOIREE	T ADDRESS	6			

14. 1 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.

64 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP