PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

	1999	1		DIVISION OF	CORPOR	RATIO	ons .		
DOCU 1. Corporation	MENT	# L0779	95						
		INELL, III AND	ASSOCIATI	ES, INC.					
			•						
Principal Place	e of Busines	5	Maille	ng Address				3 illit mill in autre taute einen erte dieter erte dieter anter anter anter anter anter	ļ
% DAVID J MC	CONNELL III		DAVID J MCCONNELL III						
1602 W SLIGH AVE #100 1602 W SLIGH AVE #100							<u> کی د</u>	DO NOT WRITE IN THIS SPACE	
TAMPA FL 3360			THE PARTY	n FC 33004				3. Date Incorporated or Qualifed	7
2. Principal P	lace of Duels	note.	720 84	2a. Malling Address				08/07/1989 4 FEI Number Applied For	\dashv
2. Frincipal F	iace of busin	10.00	<u> </u>	26 .				59-296 1979 Not Applicable	╗
Suite, Apt.	#, etc.			Sulte, Apt. #, etc.				S8.75 Additional	1
22			27	27				5. Certificate of Status Desired LI Fee Required	_}
	9			City & State				= 6. Election Campaign Financing \$5.00 May 8e	
23			28					Trust Fund Contribution Added to Fees	_
Zīp .		Country	<u> </u>	Zip Cour 29 30				8. This corporation owes the current year intangible Personal Property Tax.	
24		25 and Address of C	29]					10. Name and Address of New Registered Agent	\dashv
	9, 140,114	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u></u>	<u> </u>		B1	Name		7.
	CONNELL, I					82	Street Add	dress (P.O. Box Number Is Not Acceptable)	-} ∶
1602 W SLIGH AVE #100						**	Outer Aut	Globa (F.O. dox (valinos) is for proception)	
TAM	IPA FL 336	04				83			-
						84	City	85 Zip Code	٦
			\supset			1 1	•	FL =	
_11,-Pursuant	to the provis	ions of Sections 60 in the S	7:0502 and 697: State of Florida	1500 Florida Statu Soch change was a	tes, the a authorized	bove- by th	named cor ne corporat	rporation submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered	
agent, I a	m lamiliar wi	ib and accent the	dinations of Se	ection 607.0505, Fk	orlda Stati	utes.		5/2058	11
SIGNATURE	Signatura, typed	or philas name of register	ed agent and title if ap	oficable. (NOTI	: Registered	Agent s	ignature requi	and when reinstating) DATE] ~
12.			S AND DIRECT		13,			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	CR2E034 (1,1/98)
TITLE	O			OELETE 1.1 m		TLE"	1	☐ Change ☐ Addition	"(=
NAME	MCCONN		1.2 NAME			•	실		
STREET ADDRESS		SUGH AVE #100			1.3 STREET ADDRESS		1	,	1 19
CTY-ST-ZP	TAMPA F	L 33604		□ DELETE	1.4 CT	77-57-2	ZRP	☐ Change ☐ Addition	ត្ត ទ
MILE	1			عادعتون لي	22 N				
NAME STREET ADDRESS							DORESS		1
OTY-ST-ZIP	Í					ny-st-	- 1] '
TITLE	☐ D€LETE					3.1 TITLE		☐ Change ☐ Add th	n .
NAME				32 N	32 NAME] ;	
STREET ADDRESS					- 3.3 ST	REETA	DORESS	· — · · · · · · · · · · · · · · · · · ·	-{
CITY-ST-ZIP						TY-57-7		C Addition	_
TITLE		<u> </u>	-	DELETE.		NE .		Change Addition	" i
NAME					4.2 N				
STREET ADDRESS	}						DORESS		}
CITY-ST-ZEP TITLE	 			DELETE	5.1 TI	Y-51-2	-	☐ Change ☐ Addition	m
NAME	,		,		5.2 NA		1		-
STREET ADDRESS	ļ				5.3 ST	REET A	DORESS		
CITY-ST-ZIP	<u></u>					Y-ST-Z	(IP		١, إـ
TILE				DELETE	6.1 TIT			☐ Change ☐ Addition	n i
NAME		er e sola			6.2 NA				
STREET ADDRESS	253653				J		DORESS		1
CITY-ST-ZIP	MCC 17 -	理性情報 問題			6.4 CIT	Y-\$T-Z	⊅ >		_

4. 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:

JRE REQUIRED

FILED

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90094 034 ***150.00

-- :-

=:= =.;=

 $\equiv i \, \bar{z}$

=::

 $\equiv : :$

=44