Applied For

Fee Required

\$5.00 May Be Added to Fees

Not Applicable
\$8.75 Additional

□No

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secre ary of State
DIVISION OF CORPORATIONS

30

Name

82

DOCUMENT # L11862

1. Corporation Name

CONFIDENTIAL PAYROLL SERVICES, INC

25

ORR. CAROLYN

SIGNATURE:

2920 W IDLEWILD AVE

Principal Place of Business	Mailing Address				
1920 W IDLEWILD AVE 1 AMPA FL :33614	2920 W IDLEWILD AVE TAMPA FL 33614				
2. Principal Place of Business	2a. Mailing Address				
¬ '	26				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				
Suite, Apt. #, etc.	├ ¬ ' '				
22	27				

29

9. Name and Adcress of Current Registered Agent

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90084 034 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

Street Arldress (P.O. Bo) Number is Not Acceptable)

08/24/1989 4. FEI Number

59-2966332

TAMPA FL 33614				83			 _					
					84	City				85	Zip C:	ode
									FL			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named or rooration 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 na	ne of registered agent	and title if applicable	(NOT ∄ Regi	stered Ager	nt signature re	quired when reinstating)		DATE			——
12.		OFFICERS AND			13.		ADDITIO	NS/CHANGES	TO OFFICERS A	ND DIRI	ECTOF	S IN 12
TITLE	PD	☐ DELETE		1,1 TITLE					Ch	ange	☐ Addition	
NAME	ORR, CAROLYN				1.2 NAME							
STREET ADDRESS	2920 W IDLEWILD	AVE			13 STREET	ADDRESS						
CITY-ST-ZIP	TAMPA FL 33614			1	1.4 CITY-S	T-ZIP						
TITLE	VSD			ELETE	2.1 TITLE					☐ Ch	ange	☐ Addition
NAME.	COWAN, EDWARD)		l	2.2 NAME							ĺ
STREET ADDRESS	2920 W IDLEWILD	AVE			2.3 STREE	TADDRESS						
CITY-ST-ZIP	TAMPA FL 33614			I	2. 4 CITY - S	ST-ZIP						
TITLE				ELETE	3.1 TITLE					☐ Ch	ange	☐ Addition
NAME				i	3.2 NAME							1
STREET ADDRESS					3.3 STREE	TADDRESS						i
CITY-ST-ZiP		_			34. CITY-5	ST-ZIP						
TITLE				ELETE	4.1 TITLE					☐ Ch	ange	☐ Addition
NAME]				4,2 NAME	1						-
STREET ADDRESS					4.3 STREE	TADDRESS						- 1
CITY-ST-ZIP					4.4 CITY-S	T-ZIP						
TITLE				ELETE	5.1 TITLE					☐ Ch	ange	Addition
NAME					5.2 NAME							
STREET ADDRESS				l	5.3 STREE	TADDRESS						
CITY-ST-ZIP					5.4 CITY-S	T-ZIP						
TITLE				ELETE	6.1 TITLE					Ch	ange	Addition
NAME				•	62 NAME							[
STREET ADDRESS					6.3 STREE	TADDRESS						
CITY-ST-ZIP					6.4 CITY-S							
14. Thereby 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 13 if changed, or on an attachment with an address, with all other like empowered.												