Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90096 011 ***150.00

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 # L17228

1. Corporation Name

II J'S OF	FPINELLAS COUNTY, INC.					
Principal Place	e of Business	Mailing Address		I (MAISE) MET ITRIS TRACE TIMES INDER THE STATE OF STATE	MIL MINIT RIBIL DI	811 818 11 1881
% ARTHUR JAC	COBS	% ARTHUR JACOBS		,		
1200 CLEARWATER LARGO RD 230 WINDWARD ISLAND				DO NOT WRITE IN THIS SPACE		
LARGO FL 33770 CLEARWATER FL 33767 US US				3. Date Incorporated or Qualifed	OI /IOL	
US		00		09/18/1989		1
2 Principal P	lace of Business	2a. Mailing Address		4. FEI Number	App	olied For
	merrimoor Blud.	26 9501 MERRI	MOOR ALUd	59-2968751	Not	Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75.A	
22		27		5. Certificate of Status Desired	Fee Red	quired
City & Stat	e -/- '/-	City & State		6. Election Campaign Financing	\$5.00	
23 <i>LAR</i>	go FLORIDA		LORIDA	Trust Fund Contribution	Added to	Fees
ー Zip っっぱ	Country	Zip	Country U.S.A.	8. This corporation owes the current year Int		_n₀
24 337	20	29 <i>33777</i> 3	$0 \alpha \cdot 3 \cdot \gamma \cdot \gamma$	Personal Property Tax. 10. Name and Address of New Registered		
	9. Name and Address of Current	Registered Agent	81 Name		rige iii	
JAC	obs, arthur			ARTHUR JACOBS		
Street Addres				ddress (P.O. Box Number is Not Acceptable)		
	ARWATER FL 33767 Addre	ss change onl	7 _ 83 - 1-3 c	merkimuok biva.		
722						
			84 City	LARGO FL	85 Zip C	ode 777
44 Duenuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statutes	the above-named co	progration submits this statement for the purpose of	changing its	registered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was auti	nonzed by the corpor	ation's board of directors. I hereby accept the appoin	ntment as reg	jistered
SIGNATURE			egistered Agent signature req	uired when reinstating)		
12.	Signature, typed or printed name of registered agent a OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		Change	Addition
NAME	JACOBS, ARTHUR		1.2 NAME			Ì
STREET ADDRESS	230 WINDWARD ISLAND		1.3 STREET ADDRESS	9501 MERRIMOOR BLVd.		
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP	9501 MERRIMOOR BLUD. LARGO, FLORIDA 337	777	
TITLE	000 11111	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME			2.2 NAME			-
STREET ADDRESS			2.3 STREET ADDRESS			_ [
CITY-ST-ZIP			2.4 CITY-ST-ZIP			
TITLE		☐ DELETE	. 3.1 TITLE		☐ Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME			4. 2 NAME			-
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		
TITLE		☐ DELETE	5.1 TITLE	•	Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE	,	☐ Change	☐ Addition
NAME			6.2 NAME	•		
			6.3 STREET ADDRESS			

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 all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: