


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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90040 040 ***150.00

0415552

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # L23287

1. Corporation Name
TRADENAMES, INC.



Principal Place of Business 6901 22ND AVE. N. #436 ST. PETERSBURG FL 33710 US	Mailing Address 27001 US HWY. 19 N. #1024 CLEARWATER FL 33761 US
---	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 27001 US Hwy 19 N Suite, Apt. #, etc. 22 CLEARWATER, FL City & State 23 33761 US Zip Country 24 25	2a. Mailing Address 26 27001 US Hwy 19 N Suite, Apt. #, etc. 27 #2061 City & State 28 33761 US Zip Country 29 30
---	---

3. Date Incorporated or Qualified 10/17/1989	4. FEI Number 65-0158260	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

BOZMOSKI, JOHN JR.
600 BYPASS DR
SUITE 215
CLEARWATER FL 34624

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DAVIS, HELEN E.	
STREET ADDRESS	27001 US HWY. 19 N.	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ANDREWS, PATRICIA	
STREET ADDRESS	27001 US HWY 19 N	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CORNELL, CAROLINE E	
STREET ADDRESS	27001 US HWY 19 N	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CRONE, SARAH S	
STREET ADDRESS	27001 US HWY 19 N	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HELEN E. DAVIS PRESIDENT 4/29/99

Date

(727) 796-3301

Daytime Phone #

CR2E034 (11/98)