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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 30, 1999 8:00 am Secretary of State 04-30-1999 90137 002 ***150.00

Principial Place of Business P O BOX 271028 TAMPA FL 20089-1029 TAMPA FL 20089-102	DOCUI	MENT # L29048			04-30-1999 90137 002 *** 130.00		
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Zip Country Zip Country Zip Country R. This corporation ower the current year intangible No.	[22]						
Zip		e ,	├ - ┐]	
9. Name and Address of Current Registered Agent EINHORN, RICHARD 18410 TURNING POINT DR LUTZ FL 33549 82 Street Audress (P.O. Box Number is Not Acceptable) 83 Street Audress (P.O. Box Number is Not Acceptable) 84 City FL 85 Zo Code 95 Court H FURT 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statules. The above-named corporation submits this statement for the purpose of changing its registered agent. If an amount of the accept the obligations of Sections 607.0502 and 607.1508. Florida Statules. The above-named corporation submits this statement for the purpose of changing its registered agent. If an amount of the accept the obligation of Section 607.0505, Florida Statules. SIGNATURE Signifum. Special or protect name of registered agent and site if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME EINHORN, RICHARD 12. NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. NAME 15.		Country	· 	Country		$\neg \uparrow$	
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LUTZ FL 33549 83 84 City CAMPA FL SS Zip Code SSZ SSZ H 11. Pursuant to the provisions of Sections 807.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME SINGER AND DIRECTORS 12 NAME 12. NAME SINGER AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME SINGER AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME SINGER AND DIRECTORS 13. TITLE AND DIRECTORS IN 12 13. NAME SINGER AND DIRECTORS IN 12 14. CITY ST. 2P 15. OFFICERS AND DIRECTORS IN 12 15. NAME SINGER AND DIRECTORS IN 12 16. NAME SINGER AND DIRECTORS IN 12 17. NAME SINGER AND DIRECTORS IN 12 18. NAME SINGER AND DIRECTORS IN 12 19. OFFICERS AND DIRECTORS IN 12 19. OFFICER					dress (P.O. Box Number is Not Acceptable)	{	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named 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, Typod or primed name of registered agent and take applicable (NOTE: Registered Applicable) (NOTE: Registered				<u> </u>	20 504/1/10/21 10001		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named 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, Typod or primed name of registered agent and take applicable (NOTE: Registered Applicable) (NOTE: Registered		•			OE Tin Code		
1.1. Pursuant to the provisions of Sections 607.502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS DELETE 11. TITLE DPS EINHORN, RICHARD 15020 S FORK DR 15020 S FORK DR					-AMPA FL 33634		
Agent. I am familiar with, and accept the obligations of, Section 607 0905, Florida Statutes. SIGNATURE Signature, Syndromy provided name of registered eyent and titler applicable. (NOTE: Requiremed Agent signature required when nematating) 12. OFFICERS AND DIRECTORS IN 12 TITLE DPS CINHORN, RICHARD 12. NAME EINHORN, RICHARD 15020 S FORK OR 13. STREET ADDRESS CITY-ST-ZP DVT DELETE 21. TITLE DVT DELETE 21. TITLE DVT DELETE 22. NAME 23. STREET ADDRESS CITY-ST-ZP TITLE DELETE 31. TITLE DELETE 41. TITLE DELETE 31. TITLE DELETE 31. TITLE DELETE 31. TITLE DELETE 41. TITLE DELETE 41. TITLE DELETE 41. TITLE DELETE 41. TITLE DELETE 31. TITLE DELETE 41. TITLE DELETE 41. TITLE DELETE 41. TITLE DELETE 41. TITLE DELETE 31. TITLE DELETE 31. TITLE DELETE 31. TITLE DELETE 41.	11 Pursuant to the provisions of Sections 607 0602 and 607 1508 Florida Statutes, the above-named compostion submits this statement for the number of changing its registered						
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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 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: (turant lis