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

PROFIT CORPORATION ANNUAL REPORT

1999

Suite, Apt. #, etc.

22

23

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Zip



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90128 006 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

12/18/1989

59-2981397

4, FEI Number

D	OCUMEN	#	L37	911		
1. 0	Corporation Name			•	'	
		-				

PIPER FAMILY INVESTMENT CURPURATION						
Principal Place of Business	Mailing Address					
7400 14 ST NE ST. PETERSBURG FL 33702	7400 14 ST NE St. Petersburg FL 33702					
2. Principal Place of Business	2a. Mailing Address					

27

Suite, Apt. #, etc.

\$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 This corporation owes the current year Intangible
Personal Property Tax.
Yes Zip Country Country □No 30 Personal Property Tax. 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PIPER, MARK A. Street Address (P.O. Box Number is Not Acceptable) 82 111 SECOND AVENUE NE SUITE 1006 83 ST. PETERSBURG FL 33701

84 City

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: F	legistered Agent signature required	when reinstating) DATE	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE	D DELETE	1.1 TITLE	Change A	ddition
NAME	PIPER, MARK A.	1.2 NAME		- [
STREET ADDRESS	111 SECOND AVE NE	1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP		
TITLE	DELETE	2.1 TITLE	☐ Change ☐ A	ddition
NAME		2.2 NAME		- 1
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2. 4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ A	ddition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		1
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ A	ddition
NAME .		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ A	ddition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		- }
CITY_ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ A	ddition
NAME		6.2 NAME]
STREET ADDRESS		6.3 STREET ADDRESS		ļ
1		SACITY ST 7ID		- 1

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:

727-823-3220

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Applied For

Fee Required

Zip Code

85

Not Applicable \$8.75 Additional