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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

i. Corporation	MENT # n Name OPS, INC.	L46813												
Principal Place	e of Business		Mailing Addres	ss				H			IIODO IBIL DEL	II Bib il Bhail bil		
3102 EUCLID A			3102 EUCLID A											
TAMPA FL 336			TAMPA FL 336											
US			US				L					IIS SPACE		
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2. Principal P	lace of Business		2a. Mailing Ad	dress				4. FEI Nu				↓	Applied	
21			26					<u>59-30</u>	<u>63918 </u>					plicable
Suite, Apt.	#, etc.		Suite, Apt.	#, etc.				5. Certifca	ite of Status	Desired		\$8.75) Addi [.] Requir	
22			27 Site 8 Can											
City & State	e		City & Stat	te	_				Campaign		<u> </u>	\$5.0	U May	
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Zip		Journay	·	ſ.	30				rporation ov at Property		rrent year	Intangible Yes	271	No.
24	9. Name and	Address of Curren	29		<u>su </u>			10. Name			Register			
	3. Name and	Address of Ourien	t Registered Agen	<u> </u>	81	Nam		10. 110						
DAV	IDSON, W. B.													
3102	EUCLID AVE.				82	Stree	t Addres	s (P.O. Box	Number is	Not Accep	table)			
ì	IPA FL 33629				83									
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						_								
					84	City					F	L	p Code	}
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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 acciver 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 act achieves, with all other like empowered.

6.4 CITY-ST-ZIP

813 832 6277