Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90165 017 ***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**

DOCU	MENT # L63865							
1. Corporatio	nivanie							
PHOSPE	CT PARTNERS, INC.							
Principal Place of Business Mailing Address						ILAN IBIIA BIIAN AKI AKI	. ef eli bibli bibli b	
2325 ULMERTON ROAD 2325 ULMERTON ROAD								
#20 #20								
CLEARWATER FL 34622 CLEARWATER FL 34622					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or	Qualifed		
2. Principal Place of Business 2a. Mailing Address					03/30/1990 4. FEI Number			plied For
					59-3012240		<u> </u>	t Applicable
21 26			· · · · · · · · · · · · · · · · · · ·				\$8.75 A	
22 27					5. Certificate of Status D	Desired	Fee Red	
City & State City & State					6. Election Campaign F	inancing	\$5.00	May Be
23		28			Trust Fund Contributi	on 🗀	Added to	o Fees
Zip	Country				8. This corporation owe	-		
24 25 29 30			30		Personal Property Ta 10. Name and Address			□No
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address	of New Registered	1 Ağent	
BUL	Lard, fred B. Jr.				· · · · · · · · · · · · · · · · · · ·	•		
2325 ULNERTON ROAD			82	Street Add	dress (P.O. Box Number is No	it Acceptable)		ļ
SUITE 20			83		. 			
CLEARWATER FL 33762			84					\
				City		FI	L	,ode
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								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 agen			nt signature requir	red when reinstating) ADDITIONS/CHANGE	DATE	ND DIDECTOR	DC IN 12
12.	OFFICERS AN	D DIRECTORS DELETE	13.		ADDITIONS/CHANGE	S TO OFFICERS A	Change	Addition
NAME	BULLARD, FRED B., JR.	C DELETE	1.2 NAME			•	,	
STREET ADDRESS	2325 ULMERTON RD, #20		1.3 STREET ADDRESS					
CITY-ST-ZIP	CLEARWATER FL 34622		1.4 CITY-ST-ZIP					
TITLE	ST	☐ DELETE	2.1 TITLE				Change	Addition
NAME	DERRY, REBECCA J		2.2 NAME		,	·		
STREET ADDRESS	2325 ULMERTON RD #20		2.3 STREET ADDRESS			ė		
CITY-ST-ZIP	CLEARWATER FL 33762		2. 4 CITY-ST-ZIP			:		
TITLE		☐ DELETE	3.1 TITLE				☐ Change	☐ Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET	FADDRESS				
CITY-ST-ZIP		□ Delete	3.4. CITY-S'		· · · · · · · · · · · · · · · · · · ·		Change	Addition
TITLE		☐ DELETE	4.1 TITLE				Change	L YOURON
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	1				
CITY-ST-ZIP	.	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE				Change	Addition
NAME		<u>_</u>	5.2 NAME			•	·	
STREET ADDRESS			5.3 STREET	ADORESS				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME					

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS