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PROFIT



FLORIDA DEPARTMENT OF STATE

FILED Jul 07, 1999 8:00 am

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DOCU	MENT#	L6506	1				
1. Corporation	_	,	·				
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		64-11' A 14					
′	ce of Business	Mailing Address	SAME	<u></u>			
4907	N. DALE	_	J 7 1 \ C	-			
MABI	RY TAMPA, F	L 33618			DO NOT WRITE IN TO	HIS SPACE	
	, ,				3. Date Incorporated or Qualifed		
					JAN. 1489		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number US-0183169	<u> </u>	plied For
21	#	26 Suite Apt # etc			<u> </u>	\$8.75 A	t Applicable
Suite, Apt	i. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	Fee Re	
City & Sta	ate	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added t	-
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current year	Intangible	_
24	25	29	30		Personal Property Tax.	Yes	□No
	9. Name and Address of Curr	ent Registered Agent		81 Name	10. Name and Address of New Register	ed Agent	
DEAN	JAETITIE			Name			
990	7 N. DALE MA	20.1		82 Street Add	ress (P.O. Box Number is Not Acceptable)		
		12 ~ 7		83			
TAM	ipa, FL	•					
				84 City	F	85 Zip C	Code
- 5							
SIGNATURE	Signature, typed or printed name of registered a	gations of, Section 607.0505, F		Agent signature require			
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable (NO	TE: Registered	Agent signature require	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	
	Signature, typed or printed name of registered a	gent and title if applicable (NO	TE: Registered	Agent signature require	<u> </u>		RS IN 12
12.	Signature, typed or printed name of registered a OFFICERS A PRESIDENT. DEAN PETITE	gent and title if applicable (NO AND DIRECTORS	TE: Registered 13. 1.1 TI 1.2 N/	Agent signature require	<u> </u>	AND DIRECTO	
12. TITLE NAME	Signature, typed or printed name of registered a OFFICERS A PRESIDENT. DEAN PETITE	gent and title if applicable (NO AND DIRECTORS	TE: Registered 13. 1.1 T/ 1.2 N/ 1.3 S1	Agent signature require RE ME REET ADDRESS	<u> </u>	AND DIRECTO	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered a OFFICERS A PRESIDENT DEAN PETITE S OFFICE A TAMPA FL 334	gent and title if applicable (NO AND DIRECTORS DELETE	13. 1.1 77 1.2 NJ 1.3 SI 1.4 CI	Agent signature require RE WME REET ADDRESS TY-ST-ZIP	<u> </u>	AND DIRECTO	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered a OFFICERS A PRESIDENT. DEAN PET'TTE SOMOTINE NAME N TAMPA FL 33L V. PRESIDENT	gent and title if applicable (NO AND DIRECTORS	13. 1.1 TT 1.2 NV 1.3 SI 1.4 CI 2.1 TT	Agent signature require RE WE REET ADDRESS TY-ST-ZIP RE	<u> </u>	AND DIRECTO	☐ Addition
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12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered a OFFICERS A PRESIDENT DEAN PET'TTE SOMOTINE A TAMPA FL 33L V. PRESIDENT DEAN PET'TTE.	gent and title if applicable (NO AND DIRECTORS DELETE 1432/ DELETE	TE: Registered 13. 1.1 T/ 1.2 N/ 1.3 S1 1.4 Cl 2.1 T/ 2.2 N/ 2.3 S1	Agent signature require TLE MME TREET ADDRESS TY-ST-ZIP TLE MME REET ADDRESS	<u> </u>	AND DIRECTO	☐ Addition
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r nereby certify that the information supplied with this limits does not quality for the exemption stated in Section 13.07(0,ft), it folial statutes: I notice that the 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 cath; 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

DEAN PET THE

6 25 99 813 962 - 6349 Daytime Phone #

L65067 582261-90005-33

DEAR SIRS,

Spoke TO A GENTLEMAN IN YOUR OFFICE.
HE SAID TO PUT IDSIDE A NOTE TELLING YOU
THAT I DID POT RECEIVE ORIGINAL FORM SO
THE SHEULD ONLY BE \$1500. THANK YOU
TOK YOUR COOPERATION.

- DEAN PETITIE