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

Mailing Address

4775 GULF BLVD.

ST. PETERSBURG BCH. FL 33706

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # L74267**

1. Corporation Name

Principal Place of Business

ST. PETERSBURG BCH. FL 33706

4775 GULF BLVD.

A & C OF PINELLAS COUNTY, INC.

					3. Date Incorporated or Qualifed		
					05/18/1990		
2. Principal Place of Business		2a. Mailing Address			4. FEI Number		plied For
21					59-3014428		t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22	<u> </u>	27					
City & State City & State			State		6. Election Campaign Financing	\$5.00	· '
23	<del></del>				Trust Fund Contribution	Added t	o Fees
Zip	Country Zip			<i>'</i>	8. This corporation owes the current year Inta		
24	25	29 30	<u> </u>		t organian roporty rax.		□No
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered A	gent	
CHATCO-TOINICKI BOCHHAII				Name			
SWIERZBINSKI, BOGUMIL			82	Street	Address (P.O. Box Number is Not Acceptable)		
4775 GULF BLVD. ST. PETERSBURG BCH. FL 33706			83			<del></del>	
			63	83			
			84	City	FI	85 Zip (	Code
44 5	1- th	and 607 1500 Elorido Statutos	the abov	e-named	· ·	hanging its	registered
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 a	m familiar with, and accept the obligation	ns of, Section 607.0505, Florida	a Statutes	3.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
			13.	m signature	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12
TITLE	PD OFFICERS AND	DELETE	1.1 TITLE		ADDITIONATION TO CONTINUE VILLE	☐ Change	Addition
l	SWIERZBINSKI, BOGUMIL		1.2 NAME		<u> </u>		-
NAME	4775 GULF BLVD.			T ADDRESS	İ		
STREET ADDRESS	ST. PETERSBURG BCH. FL 3370	ne.	1.4 CITY-5				
CITY-ST-ZIP	VPS	T] DELETE	2.1 TITLE	01-ZIP		Change	☐ Addition
		عاد عاد ال	2.2 NAME				_
NAME	SWIERZBINSKI, ZDISLAWA		E .	T 4 D D D C O C	,		
STREET ADDRESS	4775 GULF BLVD.	•	1	TADDRESS			
CITY-ST-ZIP	ST. PETERSBURG BCH. FL 3370	OELETE	2.4 CITY- 3.1 TITLE	SI-ZiP		Change	Addition
TITLE		C DECE IE			· ·		
NAME			3.2 NAME				
STREET ADDRESS			Į.	TADORESS			Į
CITY-ST-ZIP		☐ DELETE	3.4. C/TY-	ST-ZIP		Change	Addition
TITLE		C DETEN	4.1 TITLE				
NAME			4.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP		[] prietr	4.4 CITY-	ST-ZIP		Change	☐ Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME				☐ A0000011
NAME			<b>1</b>	T 4000000			
STREET-ADDRESS				TADORESS			
CITY-ST-ZIP			5.4 CITY-1	51-4P		☐ Change	☐ Addition
TITLE		☐ DELETE	1			□ cilange	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	TADDRESS			

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 suppliemental 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:

CITY-ST-ZIP

OFFICER OR DIRECTOR

(727) 367-6255

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**FILED** 

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90103 001 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

CR2E034 (11/98)