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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # **L94289**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90091 050 ***150.00

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Principal Place	of Business	Mailing Address						BIO IONI OIGH INDI	DIKO 1011 DIBIK U		HEH 118	II. BIBII IBBI
• ;		345 HAMDEN BLVD					•					
345 HAMDEN RD 345 HAMDEN BLVD CLEARWATER BEACH FL 34630 CLEARWATER BEAC			L 33767									
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						Ī		orated or Qualifed	l			
ii.						İ	07/27/19	90				
2. Principal Pl	ace of Business	2a. Mailing Address					4. FEI Number				Appi	lied For
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Suite, Apt.	#, etc.	Suite, Apt. #, etc.					- C-+ift-	Status Desired		\$8.7	75 Ad	iditional -
22		27					5. Certificate of	Status Desired		Fe	e Requ	uired
City & State	e	City & State					6. Election Ca	mpaign Financing	_	\$5.	00 м	lay Be
23		28					Trust Fund	Contribution		Add	ded to	Fees
Zip	Country	Zip	Co	ountry			8. This corpora	ation owes the cu	tent year Int	angible		
24	25	29	30				Personal Pr	operty Tax.		☐ Yes	4	No
1	9. Name and Address of Currer						10. Name and	Address of New	Registered	Agent		•
	·			81	Name							
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CLEA	ARWATER BEACH FL 34630			83			_					
				1-1								
	•			84	City				FL	85	Zip Co	ode
				ل_ل						• <u> </u>	. 4	a mintarad
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Sta	tutes, the	above	-named	corpor	ation submits this	s statement for the	ant the annoi	changin ntment a	g its re is real	egistered
office or reagent. I as	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change wa ations of, Section 607.0505,	s authorizi Florida Sta	ed by stutes	tne corp	orauon	s board or direct	s statement for the	ept the appoi	ntment a	g its regi	stered
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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 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.

TWRE REQUIRED ED NAME OF SIGNING OFFICER OR DIRECTOR