**PROFIT** CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 01, 1999 8:00 am Secretary of State

i.

03-01-1999 90167 022 \*\*\*150.00

7. Corporatio		5							
Principal Place of Business Mailing Address						F (ATILIE) (II LEGII AZVIA (1927) (A)e) etti aiti)	INNY AINN PION	liku asan iddi	
4810 E. BUSCH BOULEVARD 4810 E. BUSCH BOULEVARD									
SUITE F						DO NOT WRITE IN THIS	SPACE		
TAMPA FL 336	17	TAMPA FL 33617				3. Date Incorporated or Qualifed		<del></del>	7
						03/02/1988			1
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number	Ap	plied For .	1
21		26				59-2877002	No	t Applicable	1
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5.* Certificate of Status Desired	\$8.75 / Fee Re		
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be	1		
23		28				Trust Fund Contribution	Added t		1
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year in			
24	25	29 30				Personal Property Tax.	Yes	□No □	-
ļ	9. Name and Address of Current	t Registered Agent		54	No.	10. Name and Address of New Registered	Agent		-
SHE	ar, robert e.		j	81	Name				_
SUIT		82 Street Addre			ress (P.O. Sox Number is Not Acceptable)			]	
		83				<del></del>		1	
2420 ENTERPRISE ROAD CLEARWATER FL 34623									_
			84 City		City	FI	85 Zip (	Code	}
11 Pursuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statutes.	the at	ove-r	arned cort	7 6	changing its	registered	t
office or r agent. I a	registered agent, or both, in the State of im familiar with, and accept the obligat	ions of, Section 907.0505, Florida	orized Statu	by the	e corporati	coration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	intment as re	gistered	
SIGNATURE	<i>S</i> / <i>S</i> - <i>S</i>	STEVE PRAKY		11-11	Yes.	//30	<u> 197</u>		۱ _
12.	Signature (cond) project name of registered agent		13.	Agent to	dustrue undrite	ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECTO	RS IN 12	8
nne	PD	DELETE	1,1 707	LE.			Change	Addition	CR2E034 (11/98)
NAME	PERRY, STEVE P.	·	1.2 NAME 1.3 STRE						*
STREET ADDRESS	1920 CEDAR BROOKE				OORESS				
CITY-ST-ZIP	LUTZ FL		1.4 CIT	Y-ST-Z	ap a				] &
TITLE	STD	☐ DELETE	2.1 TITLE				☐ Change	☐ Addition	0
NAME	HEARN, JAMES R.		2.2 NAM		-	•			
STREET ADDRESS	138 LAKE SHORE DR. NO.	2.3		2.3 STREET ADDRESS					ĺ
CITY-ST-ZIP	PALM HARBOR FL			2.4 CTY-ST-ZIP		<u> </u>	· · · ·		ļ
TITLE		☐ DELETE 3.1 TI					Change	Addition	ļ
NAME		321							
STREET ADDRESS				3.3 STREET ADDRESS					}
CITY-ST-ZIP	☐ DELETE		3.4. CITY-ST-ZIP		OP		Change	- Addition	1
TITLE		<del>-</del> '			İ	•			
NAME DTDCCT ADDCCCC			4.2 NAME		Macee				}
STREET ADORESS							•		1
CITY-ST-ZIP				S.) TITLE			Change	Addition	1
NAME	, Jarie		5.2 NAME		ł	• • • • • • • • • • • • • • • • • • • •			1
STREET ADDRESS			5.3 STF	EET AC	XORESS				
CITY-ST-ZIP			5.4 C/TY-ST-ZIP		us de				1
TITLE		☐ DELETE	6.1 TIII	LE .			Change	Addition	[
NAME			62 NA	ME.	-				[
STREET ADDRESS			6.3 STF	REETAD	ORESS				1
CITY-ST-ZIP			6.4 CIT	Y-5T-Z	P				1

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 empoddress, with all other like empowered.

SIGNATURE:

1500 Steve P. Perry 01/12/1999 813-988-2222