Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90141 025 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # M7/1228

1. Corporation	ER SOLUTIONS OF CLEAR		•		ALI BURU ALBU PIRK ALBU PIRK KABA
		No. Characteristics		_{	DI BIBI DIBI BIDI BIDI DIBI DIBI
Principal Place		Mailing Address			
% DAVE PREME 1439 TURNER S		% DAVE PREMRU 1439 TURNER ST			
CLEARWATER FL 34616 CLEARWATER FL 34616			DO NOT WRITE IN T	HIS SPACE	
				3. Date Incorporated or Qualifed	
				03/29/1988	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2871108	Not Applicable  \$8.75 Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required
City & State	<u> </u>	City & State		6. Election Campaign Financing	\$5.00 May Be
23	u	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	r Intangible
24	25	29	0	Personal Property Tax.	☐ Yes 🔎 No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registe	red Agent
2051	L'. 0 = 10		81 Name	abuild Frency	,
	MRU, DAVE David		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	·
1439	TURNER ST	. 4	14	39 Turner St	
CLEA	ARWATER FL 34616 3375	6	83	(	
			84 City ()		85 Zip Code
					TL 33756
11. Pursuant	to the provisions of Sections 607.050; edistered agent, or both, in the State	2 and 607.1508, Florida Statutes of Florida. Such change was autl	, the above-named corpo norized by the corporatio	oration submits this statement for the purpos on's board of directors. I hereby accept the a	e or changing its registered
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Florid	a Statutes.	0 11 0 -1.	200
SIGNATURE		DAVIO	CKBMKU egistered Agent signature required	President 311	8144
12.	Signature, typed or printed name of registered eger OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE ·	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PREMRU, DAVID		1.2 NAME		
STREET ADDRESS	1439 TURNER ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP		
TITLE	***************************************	DELETE	2.1 TITLE	•	☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETÉ	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		M ACLETE	3.4. CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	4.1 TITLE		
NAME			4. 2 NAME		
STREET ADDRESS	,		4.3 STREET ADORESS		
CITY-ST-ZIP		☐ DELETÉ	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
TITLE: NAME			5.2 NAME		
STREET ADDRESS	1				
			5.3 STREET ADDRESS	•	
			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
CITY-ST-ZIP		DELETE			☐ Change ☐ Addition
CITY-ST-ZIP		☐ DELETE	5.4 CITY-ST-ZIP		☐ Change ☐ Addition

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 attacoment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: