PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 10, 1999 8:00 am Secretary of State

05-10-1999 90037 017 ***150.00

		1000			
DO	CUN	MENT	#	M8 3	3342

1. Corporation PENNY		2									
Principal Place	of Business	Ma	iling Address				- I skilledti chi theng ingan iribi ginin cidi	81811 6161			
12001 CORY L TAMPA FL 3364 US			OI CORY LAKE BLVD. MPA FL 33647				DO NOT WRITE IN 3. Date incorporated or Qualifed	THIS S	PACE		
							05/31/1988				
2. Principal Pl	lace of Business	<u> </u>	Mailing Address				4. FEI Number			plied For t Applicable	
21		26	Suite, Apt. #, etc.				59-2898450		\$8.75 A		
Suite, Apt.	#, etc.	27	Suite, Apr. W. Bic.				5. Certificate of Status Desired		Fee Re	· ·	
22 City & State		-	City & State				6. Election Campaign Financing		\$5.00	May Be	
23	~	28		·			Trust Fund Contribution		Added t	o Fees	
Zip	Country		Zip	Cou	ntry		8. This corporation owes the current y			□No	
24	25	29		30			Personal Property Tax.		Yes	LINO _	
	9. Name and Address of Current	Regis	tered Agent		81	Name	19. Name and Address of New Regis	ISTED A			
THO	MASON, GENE										
)1 CORY LAKE BLVD.				82	Street Addre	ss (P.O. Box Number is Not Acceptable)				
	PA FL 33647				83	<u>-</u>					
,, ,,,,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Ш				85 Zip (`ada	l
•					1.4	City		FL	}		1
11. Pursuant office or nagent. I as	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	2 and 60 of Floridations of,					oration submits this statement for the purpon's board of directors. I hereby accept the		nanging its ment as re	registered jistered	
	Signature, typed or printed name of registered agent				Agent	eignaeure required	ADDITIONS/CHANGES TO OFFICE	NTE PS AND	DIRECTO	RS IN 12	g
12.	OFFICERS AN	D DIRE	CTORS DELETE	1.1 70	n s		ADDITIONS CHANGES TO OFFICE		Change	Addition	14/08
TITLE	PDT					ł					
NAME	KEEN, MARCY 12001 CORY LAKE BLVD.			12 MA	ME.						
STREET ADDRESS	IZUUI CURI LANE BLID.			12 NA		ADDRESS		·			2
CTY-ST-ZP				1.3 ST	REET	ADDRESS ZIP					2200
nn≠ :	TAMPA FL 33647		☐ DELETE	1.3 ST	REET A	1			Change	Addition	CBOEN
TITLE NAME			☐ DELETE	1.3 ST 1.4 CF	reet / TY-ST- TLE	1			. Change	☐ Addition	אםמם
NAME			☐ DELETE	1.3 ST 1.4 CF 2.1 TF 2.2 NV	REET A TY-ST- TLE VAE	1			☐ Change	☐ Addition	יישכםט
NAME STREET ADDRESS			☐ DELETE	1.3 ST 1.4 CF 2.1 TF 2.2 N/ 2.3 ST	REET A TY-ST- TLE VAE	ZIP ADDRESS		(_ v		אפטבט
NAME			□ DETELE	1.3 ST 1.4 CF 2.1 TF 2.2 N/ 2.3 ST	REET / TY-ST- TLE WAE REET /	ZIP ADDRESS		(Change	Addition	אשנטט
NAME STREET ADDRESS CITY-ST-ZIP				1.3 ST 1.4 CF 2.1 TF 2.2 NV 2.3 ST 2.4 CF	REET / TY-ST- TLE WAE TY-ST- TLE	ZIP ADDRESS		(_ v		אםכםט
NAME STREET ADDRESS CITY-ST-ZIP TITLE				1.3 ST 1.4 CF 2.1 TF 2.2 NA 2.3 ST 2.4 CF 3.1 TF 3.2 NA	REET / TY-ST- TLE WAE TY-ST- TLE	ZIP ADDRESS		(_ v		רפטבע
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		-	DELETE	1.3 ST 1.4 CC 2.1 TT 2.2 IV 2.3 ST 2.4 CC 3.1 TT 3.2 IV 3.3 ST 3.4 CC	REET / TV-ST- TLE TREET / TY-ST- TLE TREET / TY-ST-	ADDRESS			Change	☐ Addition	אפטבט
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				1.3 ST 1.4 CCC 2.1 TIT 2.2 NV 2.3 ST 2.4 CC 3.1 TIT 3.2 NV 3.3 ST 3.4 CCC	REET / TY-ST- TLE WASE TY-ST- TLE WASE TY-ST- TLE	ADDRESS			_ v		אםמט
NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP		*	DELETE	1.3 ST 1.4 CD 2.1 TD 2.2 NV 2.3 ST 2.4 CD 3.1 TD 3.2 NV 3.3 ST 3.4 CD 4.1 TD 4.2 NV	REET / TY-ST- TUE THEET / TUE	ADDRESS - ZP ADDRESS - ZP			Change	☐ Addition	Caper
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			DELETE	1.3 ST 1.4 CT 2.1 TT 2.2 N/2 2.3 ST 2.4 CC 3.1 TT 3.2 N/2 3.3 ST 3.4 CC 4.1 TT 4.2 N/4 3.5 ST 4.2 ST 4.3 ST	TY-ST- TLE	ADDRESS ADDRESS ADDRESS ADDRESS			Change	☐ Addition	23007
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ DELETE	1.3 ST 1.4 CM 2.1 TM 2.2 NW 2.3 ST 2.4 CM 3.3 ST 3.4 CM 4.1 TM 4.2 NW 4.3 ST 4.4 CM	REET / Y-ST- TLE TY-ST- TLE TY-ST- TLE TY-ST- TLE AME TY-ST- TLE TY-ST- TLE TY-ST- TLE TY-ST-	ADDRESS ADDRESS ADDRESS ADDRESS			Change	☐ Addition	אפטבט
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE			DELETE	1.3 ST 1.4 CT 2.1 TT 2.2 N/2 2.3 ST 2.4 CC 3.1 TT 3.2 N/2 3.3 ST 3.4 CC 4.1 TT 4.2 N/2 4.3 ST	TY-ST- TLE	ADDRESS ADDRESS ADDRESS ADDRESS			☐ Change	Addition	אמנמט
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME			☐ DELETE	13 ST 1.4 CT 2.1 TT 2.2 M 2.3 ST 2.4 CC 3.1 TT 3.2 NP 3.3 ST 3.4 CC 4.1 TT 4.2 NA 4.3 ST 4.4 CC 5.1 TT 5.2 NP	TY-ST-TLE TY-ST-TLE TY-ST-TLE TY-ST-TLE TY-ST-TLE TY-ST-TLE TY-ST-TLE	ADDRESS ADDRESS ADDRESS ADDRESS			☐ Change	Addition	אשניםט
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE			☐ DELETE	13 ST 14 CC 21 TT 22 NV 23 ST 2.4 CC 3.1 TT 3.2 NV 3.3 ST 3.4. CC 4.1 TT 4.2 NV 4.3 ST 4.4 CC 5.1 TT 5.2 NV 5.3 ST	TY-ST-TLE TY-ST-TLE TY-ST-TLE TY-ST-TLE TY-ST-TLE TY-ST-TLE TY-ST-TLE	ADDRESS - ZP ADDRESS - ZP ADDRESS - ZP			☐ Change	Addition	אשניםט

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 eath; 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.

6.3 STREET ADDRESS

6.4 CITY+ST+ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Marcy Keen

1/29/99

(813)986-2679

= ---

■iF

Daytime Phone #