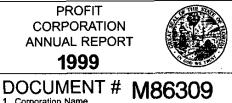
**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90030 024 \*\*\*150.00

DANIEL	F. MARTINEZ II, P.A.					
	•	, s			I HADIODRI (ON IDRID BILOD KIRKI SOK	I A CALL BURN BURN BURN BURN BURN BURN BURN BURN
		,-				<u> </u>
Principal Place	e of Business	Mailing Address			1 13810811 101 18110 51128 (11)1 681	IR IN SIGN CICH COLD SIGN SIGN SIGN
4144 N ARMENIA AVE 4144 N ARMENIA AVE						
STE 300 STE 300					50 1107 1170	IN THE OBACE
		TAMPA FL 33607				E IN THIS SPACE
US US				3. Date Incorporated or Qualifed	·	
					06/21/1988	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-2907893	Not Applicable
Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
27						
City & State City & State				•	6. Election Campaign Financing	\$5.00 May Be
23 28 28					Trust Fund Contribution	Added to Fees
Zip	Country	<u></u>	Country	'	8. This corporation owes the curre	ent year Intangible ☐ Yes ☐ No
24	25	29 30	-	_	Personal Property Tax.  10. Name and Address of New R	
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New K	#Bisteled Affett
MAR	ITINEZ, DANIEL F II		"	, Maille		
	N ARMENIA AVE	,	82	Street Add	ress (P.O. Box Number is Not Accepta	ble)
l	300		83	ļ		
	PA FL 33607	•	83	1		
1018	FA 1 L 30007	•	84	City	· .	85 Zip Code
						FL 03 2 P C C C C C C C C C C C C C C C C C C
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, th f Florida. Such change was authori	e above ized by	e-named con the corporati	poration submits this statement for the ion's board of directors. I hereby accep	t the appointment as registered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida S	tatutes		, ,	
SIGNATURE	·				<u> </u>	
	Signature, typed or printed name of registered agent			nt signature requir	ed when reinstating)	OATE FICERS AND DIRECTORS IN 12
12.	OFFICERS AND		13. .1 TITLE		ADDITIONS/CHANGES TO OF	Change Addition
TITLE	<del>-</del>	<del>-</del> -			•	
NAME	MARTINEZ, DANIEL F., II		.2 NAME			
STREET ADDRESS	4144 N ARMENIA AVE STE 300			TADORESS		
CITY-ST-ZIP	TAMPA FL 33607		4 CITY-S	T-ZIP		Change Addition
ΠΙLE			:1 TITLE			Change E Addition
NAME	,		2 NAME			
STREET ADDRESS				TADDRESS		
CITY-ST-ZIP			. 4 CITY-5	ST-ZIP		Change Addition
TITLE			.1 TTLE			
NAME	·		.2 NAME			
STREET ADDRESS				TADORESS		
CITY-ST-ZIP			.4. CITY-5	ST-ZIP		Change ☐ Addition
TITLE			4 TITLE			☐ Change ☐ Addition
NAME .		4	4.2 NAME			1
STREET ADDRESS	. *	4	.3 STREET	T ADDRESS		
C/TY-ST-ZIP			.4 CITY-S	T-ZiP	-	
TITLE .			i.1 TTLE			☐ Change ☐ Addition
NAME	,	1	.2 NAME		•	
STREET ADDRESS	· '	5	.3 STREE	TADDRESS		
C/TY-ST-ZIP						l
			4 CITY-S	T-ZIP		
TITLE	•.	☐ DELETE 6	1.1 TITLE	T-ZIP		Change Addition
	٠.	☐ DELETE 6		T-ZIP		☐ Change ☐ Addition

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 any attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP