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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPASMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # M90469

1. Corporation Name

INNER LIGHT RESOURCES, INC.

•	
Principal Rlace of Business	Mailing Address
P.O. BOX 82542	P.O. BOX 82542
TAMPA FI. 33682	TAMPA FL 33682

## **FILED** Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90098 043 \*\*\*163.75

Principal Riac P.O. BOX TAMPA FI.		Mailing Address P.O. BOX 82542 TAMPA FL 33682			DO NOT WRITE IN THIS SPACE	
		`			3. Date incorporated or Qualifed 07/21/1988	
2. Principal P	lace of Business	2a. Mailing Address		·	4. FEI Number Applie	d For
21 P.O. E	90X 1760	26 P.O. BOX 1760			<b>59–2911312</b> Not A	pplicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	
City & Stat		City & State	نجيب سه	الاستان المتصادرة الأساب	6. Election Campaign Financing X \$5.00 Ma	
23 EUSTIS		28 EUSTIS, FL		<u> </u>	Trust Fund Contribution Added to F	ees
Zip	Country	Zip	Cour	•	8. This corporation owes the current year Intangible	No.
24 32727-		29 32727-1760 3		SA		No
<del></del>	9. Name and Address of Current	Registered Agent		81 Name	10. Name and Address of New Registered Agent	<del></del>
			į	142		
Zt	PCSICS, JANET	,	. [		Address (P.O. Box Number is Not Acceptable)	
15	814 LAKE MAGEALENE BLVD.		<b>)</b>		07 CR44-A NORTH	
T	MPA,FL-33613		i	83		
			<del>}</del>	84 City EUS	TIS, FL 85 Zip Cod 32736	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the ab	ove-named	corporation submits this statement for the purpose of changing its regoration's board of directors. I hereby accept the appointment as regist	istered
	m familiar with, and accept the obligation				j j	,,,,,
SIGNATURE	11 7				2/26/99	
	Signature, typed or printed in the of registered agent a			igent signature r	required when reinstating) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PST	☐ DELETE	1.1 TITL	Ε	[X] Change	Addition
NAME	ZUPCSTCS, JANET		1.2 NAA	AE.		
STREET ADDRESS	15814 LAKE MAGDALENE HLV	D.	1.3 STR	EET ADDRESS	36207 CR44A NORTH	1
CITY-ST-ZIP	TAMPA, FT.		-	/-ST-ZIP	EUSTIS, FL 32736	
TITLE	D	☐ DELETE	2.1 TITL	E	☐ Change	Addition
NAME	ZUPCSICS, JANET		2.2 NAN	4E		
STREET ADDRESS	15814 LAKE MAGDALENE BLV	D.	2.3 STR	EET ADDRESS	36207 CR44A NORTH	\
CITY-ST-ZIP	TAMPA FI.		2.4 CIT	Y-ST-ZIP	EUSTIS, FL 32736	
TITLE		DELETE	3.1 TIT	E	☐ Change	Addition -
NAME			3.2 NAM	1E		
STREET ADDRESS			3.3 STR	EET ADDRESS		}
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP		
TITLE		☐ DELETE	4.1 TITL	E	☐ Change	Addition
NAME			4. 2 NAJ	VE I		
STREET ADDRESS			4.3 STR	EET ADDRESS		
CITY-ST-ZIP			4.4 C/TY	-ST-ZIP		
TITLE		☐ DELETE	5.1 TITL		Change [	Addition
NAME			5.2 NAM	E ,		
STREET ADDRESS			5.3 STR	EET ADDRESS		1
CITY-ST-ZIP			5.4 CITY	-ST-ZIP		
TITLE		☐ DELETE	6.1 TITL	E	Change [	Addition
NAME			6.2 NAM	iE		
STREET ADDRESS			6.3 STR	EET ADDRESS		1
CITY-ST-ZIP			•	-ST-ZIP		
3171 01-211				الـــيبـــــــــــــــــــــــــــــــــ		

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.

SIGNATURE:

IGNING OFFICER OR DIRECTOR