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PROFIT **CORPORATION** ANNUAL REPORT

1999

DOCUMENT # M94348



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 23, 1999 8:00 am Secretary of State

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Principal Plac	e of Business	,	Mailing Add	iress		i.	Market Mark	`	. I indikan na iam bina nin a	aar'i arr aran a	#11 #1#11 #1#1	HERIT BIBIT TOBE
25849 US HWY	19N	•	25849 US H	WY 19N	_							
CLEARWATER F	FL 33763		CLEARWATE	R FL 33763	J "			1	DO NOT WR	TE IN THIS	CDACE	-
us			us					<u> </u>	Date Incorporated or Qualifec		SPAUL	
								٦.	07/29/1988			
2 Principal P	Place of Busines	<u> </u>	2a. Mailing	Address				4.	FEI Number		TA	Applied For
21			26					\	59-2904678	•		lot Applicable
Suite, Apt.	#, etc.			pt. #, etc.			<del></del> -	Ι_			\$8.75	Additional
22		•	27					5.	Certificate of Status Desired	<u></u>	Fee F	Required
City & Stat	te		City & S	State				6.	Election Campaign Financing			3 мау Ве
23			28						Trust Fund Contribution	<u> </u>	Added	to Fees
Zip	_	Country	Zip			intry		8.	This corporation owes the cur	rent year Int		
24	25		29		30	T			Personal Property Tax.  Name and Address of New	Pogietered	Yes	□No
<u> </u>	9. Name an	d Address of Cu	rrent Registered Ag	ent		81	Name	10.	, Name and Address of New	Registered	Agont	
NAN	OC JR., NICK	, .		•								
	BLUE HERO				_	82	Street Addres	ss (F	P.O. Box Number is Not Accept	able)		
PALI	M HARBOR FL	_ <b>34623</b> _				83	<del></del>				<del></del>	
		•				Ш					[[ <del></del>	
						84	City			FL	85 Zip	Code
11 Pursuant	to the provision	s of Sections 607	.0502 and 607.1508,	Florida Statut	tes, the a	bove	-named corpor	ratio	n submits this statement for the oard of directors. I hereby acce		changing it	ls registered
office or r	registered agent	, or both, in the S	tate of Florida. Such oligations of, Section	change was a	uthorized	d by t	the corporation	's b	oard of directors. I hereby acce	pt the appoi	ntment as i	registered .
		and accept the of	Silgations of, Decilon	001.0000,110	, and Class	<b>u.</b> 00.						}
SIGNATURE	Signature, typed or p	orinted name of registere	d agent and title if applicable.	(NOTE	: Registered	Agent	t signature required v	when	reinstating)	DATE		
12.		OFFICERS	S AND DIRECTORS		13.				ADDITIONS/CHANGES TO O	FICERS AN		
TITLE	PVTS	Service Control	•	☐ DELETE	1.1 TF	TLE			مين ده معه		Change	Addition
NAME	NANOS, NIC						1					
STREET ADDRESS	25849 US 1	O NI			-1.2 N	AME	İ					)
CITY-ST-ZIP	1				1.3 \$1	REET	ADDRESS			,		
	CLEARWATE	ER FL 34623	·	C DELETE	1.3 ST 1.4 CI	TY-ST					Change	Addition
ππε	CLEARWATE		·	☐ DELETE	1.3 ST 1.4 CF 2.1 TF	TY-ST			•		Change	Addition
NAME				☐ DELETE	1.3 ST 1.4 CF 2.1 TF 2.2 N/	TY-ST TLE AME	-ZIP		•		Change	Addition
NAME STREET ADDRESS			·	☐ DELETE	1.3 ST 1.4 CF 2.1 TF 2.2 N/ 2.3 ST	TREET. TY-ST TLE AME	ADDRESS		•	· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP					1.3 ST 1.4 Cf 2.1 TF 2.2 N/ 2.3 ST 2.4 C	TY-ST TLE AME TREET	ADDRESS		•			
NAME STREET ADDRESS CITY-ST-ZIP TITLE				☐ DELETE	1.3 \$1 1.4 CI 2.1 TV 2.2 N/ 2.3 \$1 2.4 C	TY-ST TLE AME TREET TTY-ST TLE	ADDRESS		•		☐ Change	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME					1.3 ST 1.4 CI 2.1 TV 2.2 N/ 2.3 ST 2.4 C 3.1 TT 3.2 N/	TY-ST TLE AME TREET TILE TILE AME	ADDRESS T-ZIP		•	· · ·		
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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 application of the corporation of the corpo

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO