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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N50140

1. Corporation Name

MAYOR'S BEAUTIFICATION PROGRAM, INC.

Principal Place of Business

7525 NORTH BLVD.  
 TAMPA FL 33604

Mailing Address

7525 NORTH BLVD.  
 TAMPA FL 33604



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

P.O. Box 2104

Tampa, FL

33601

3. Date Incorporated or Qualified

07/27/1992

4. FEI Number

59-3150612

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

FERLITA, ROSS  
 7525 NORTH BLVD.  
 TAMPA FL 33604

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Michael J. Ross*  
 Signature, typed or printed name of registered agent and title if applicable.

*Mike Trocke*  
 (NOTE: Registered Agent signature required when reinstating)

*Feb 5/99*  
 DATE

12. OFFICERS AND DIRECTORS

TITLE D  DELETE  
 NAME FERLITA, ROSS  
 STREET ADDRESS 7525 NORTH BLVD.  
 CITY-ST-ZIP TAMPA FL

TITLE D  DELETE  
 NAME FLOWERS, HAL  
 STREET ADDRESS 101 E. KENNEDY BLVD.4000  
 CITY-ST-ZIP TAMPA FL

TITLE D  DELETE  
 NAME HOUSE, SUE  
 STREET ADDRESS 13707 WALBROOKE AVENUE  
 CITY-ST-ZIP TAMPA FL

TITLE D  DELETE  
 NAME TROCKE, MIKE  
 STREET ADDRESS 101 E KENNEDY S2500  
 CITY-ST-ZIP TAMPA FL

TITLE D  DELETE  
 NAME KING III, GUY  
 STREET ADDRESS 101 S FRANKLIN STREET  
 CITY-ST-ZIP TAMPA FL

TITLE D  DELETE  
 NAME LAZARUS, BILL  
 STREET ADDRESS 1511 S CHURCH ST.  
 CITY-ST-ZIP TAMPA FL 33629

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME D Shirley Ryals  
 1.3 STREET ADDRESS P.O. BOX 3303  
 1.4 CITY-ST-ZIP Tampa, FL. 33601

2.1 TITLE D  Change  Addition  
 2.2 NAME D Betsy Benedict  
 2.3 STREET ADDRESS 400 N. Ashley #3000  
 2.4 CITY-ST-ZIP Tampa, FL. 33602

3.1 TITLE D  Change  Addition  
 3.2 NAME D Larry Wilder  
 3.3 STREET ADDRESS 100 Madison Str. #200  
 3.4 CITY-ST-ZIP Tampa, FL. 33602

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 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; that I am the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed on an attachment with an address, with all other like empowered.

SIGNATURE:

*Michael J. Ross*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Feb. 5/99*  
 Date

*(813) 201-8733*  
 Daytime Phone #

CR2E037 (1/98)