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FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 14, 1999 8:00 am Secretary of State 04-14-1999 90067 031 ****61.25

FIRE PROTECTION INSTITUTE, INC. Principal Place of Business Mailing Address										
	9251 Haynie Cour New Port Richey, 34655	rt Fl	9251 Hay New Port 34655							
2. Principal Pl	lace of Business	2a. Mailing	Address				3. Date Incorporated or Qualifed			
21 26						09/01/1998				
Suite, Apt. #, etc. Suite, Apt. #, etc.					4. FEI Number		<u> </u>	plied For		
27						59-3533480			t Applicable	
City & State			City & State				5. Certifcate of Status Desired		\$8.75	
23	13		28			5. Certificate of Status Desired Fee Required				
Zip	Country Zip			Country			6. Election Campaign Financing		\$5.00	
24	25	29	30	<u>) </u>			Trust Fund Contribution	Indiatored A	Added t	o Fees
	9. Name and Address of Currer	t Registered A	gent	81	Name		10. Name and Address of New F	tegistereu A	tgent	
				"	Name					
	AMEDII AMVED			82	Street	Addres	s (P.O. Box Number is Not Accepta	able)		
	AMERILAWYER			<u>-</u>						
	343 ALMERIA AVEN			83	3					
	CORAL GABLES, FI	33134		84	City		FL 85 Zip Code			
44 Durament	to the provisions of Sections 617.050	2 and 617 1508	Florida Statutes	the abov	/e-named	cornora	ation submits this statement for the	purpose of o	hanging its	registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such	i change was auth	orized by	/ the cord	oration's	s board of directors. I hereby accep	pt the appoin	tment as req	gistered
SIGNATURE		-0	(NOTE: Pe	wintored Age	nt agenet em	required us	nen reinstating)	DATE		
	Signature, typed or printed name of registered age	nt and title if applicable	· · · · · · · · · · · · · · · · · · ·	13.	ant signature	required w	ADDITIONS/CHANGES TO OF		D DIRECTO	RS IN 12
12.	PD OFFICERS AP	D DIRECTORS	DELETE	1.1 TITLE			ADDITIONO/O/I/I/OZO TO O/		Change	☐ Addition
TITLE	SHERARD, WARREN	c Ia		1.2 NAME						
	Ga Er Haynes e Lan				ET ADDRESS					
STREET ADDRESS	New PORT RICHEY, F		2							
CITY-ST-ZIP		L 34 0 0	DELETE	1.4 CITY- 2.1 TITLE					Change	Addition
TITLE	Q D		Deceie			ـ را		- -	[2] 4/49-	
NAME	KITCHEN, GEPRAL			2.2 NAME K 1		V 1	CHEN, GEORGE, J	R.		
* STREET ADDRESS	9251 HAYNIE COURT			E .			*			
CITY-ST-ZIP	KITCHEN, GEPRAL 9251 HAYNIE COURT NEW PORT RICHEY, FL	34655	DELETE	2.4 CITY-		ł			Change	☐ Addition
TITLE	STD			3.1 TITLE						
NAME	BOISVERT, ELAINE 9251 HAYNIE COURT			3.2 NAME						
STREET ADDRESS	9251 HAYNIE COURT				ET ADDRESS					
CITY-ST-ZIP	NEW PORT RICHEY, F	<u> </u>	□ 051 575	3.4. CITY-		-			Change	Addition :
TITLE			☐ DELETE	4.1 TITLE						
NAME				4. 2 NAME						
STREET ADDRESS	}			4.3 STREE	ET ADDRESS					
CITY-ST-ZIP				4.4 CITY-		ļ			Character 1	□ Addition
TITLE	1		☐ DELETE	5.1 TITLE		1			☐ Change	Addition
NAME				5.2 NAME						
STREET ADDRESS					ET ADDRESS	1				
CITY-ST-ZIP				54 CITY-		<u> </u>				C Address
TITLE			☐ DELETE	6.1 TITLE					☐ Change	Addition
NAME	i i			6.2 NAME		1				
STREET ADDRESS				6.3 STREI	ET ADDRESS					
CITY-ST-ZIP				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 or 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, of on an attachment with an address, with all other like empowered.

SIGNATURE:

UND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR