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**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 21, 1999 8:00am

**Secretary of State** 

01-21-1999 90059 018 \*\*\*150.00

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9200005701

NAME STREET ADDRESS

CITY-ST-ZIP

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	FINANCE, INC.					
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Principal Plac	ce of Business	Mailing Address				ABIDI () EC 10E)
13815 LAKE V	ILLAGE PLACE	PO BOX 9383				
TAMPA FL 33604 TAMPA FL 33674			The second secon	,	147.4	
US US				DO NOT WRITE IN THIS SPACE		
	•	•••		3. Date Incorporated or Qualifed	IIO OI AOL	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
				• •		
				11/16/1992		
2. Principal F	Place of Business -	2a. Mailing Address		4. FEI Number	Ap	plied For
21		26		59-3153612	No	t Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			\$8.75	Additional
22		27		5. Certificate of Status Desired	Fee Re	
City & Star	te	City & State				****
_ •		<b>⊢</b> ′		6. Election Campaign Financing	\$5.00	, ,
23		28		Trust Fund Contribution	Added t	to Fees
Zip	Country	Zip	Country	This corporation owes the current year I		<u>.                                    </u>
24	25		30	Personal Property Tax.	Yes	□No .
,	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registere	d Agent	
٠	يا هند الأركب المهيمة الأنكمة الحورا المستحقة	Marie 1996 - Commence	81 Name			
	MER, NANCY					
13815 LAKE VILLAGE PLACE 82 Street Add				dress (P.O. Box Number is Not Acceptable)	-	
TAMPA FL 33624			83	が着さらい。41 - メイトが1.27 - 株 . とよれない 安全にも本当 と、大会に、まつかには、 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	A HOUSE STATE AND A	22101121121
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11. Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statutes	the above-named con	poration submits this statement for the ournose	of changing its	registered
office or r	registered agent, or both, in the State of	Florida. Sụch change was aut	horized by the corporat	poration submits this statement for the purpose tion's board of directors. I hereby accept the app	ointment as req	gistered
ಾ agent. i a	am familiar with, and accept the obligation		la Statutes.			.*
SIGNATURE	Manay H				/ ~ C	
		Cramer		/- /- 5	1-99	
40	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: R	egistered Agent signature requin		1-99	·.
12.	Signature, typed or printed name of registered agent a OFFICERS AND	and title if applicable. (NOTE: R	13.	red when reinstating)  ADDITIONS/CHANGES TO OFFICERS A		
12.	Signature, typed or printed name of registered agent a OFFICERS AND	and title if applicable. (NOTE: R			AND DIRECTO	RS IN 12
-	Signature, typed or printed name of registered agent a OFFICERS AND	and title if applicable. (NOTE: R	13.	ADDITIONS/CHANGES TO OFFICERS A		
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TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent a OFFICERS AND D CRAMER, NANCY H 13815 LAKE VILLAGE PLACE	and title if applicable. (NOTE: R	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS A		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent a OFFICERS AND D CRAMER, NANCY H 13815 LAKE VILLAGE PLACE TAMPA FL	and title if applicable. (NOTE: R DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
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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 an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

813-238-845