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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

,	MENT # P93000 on call, inc	011572				 				
Principal Place	e of Business	Mailing Address				- 1 JON HOURS HED AND HE	iii buili uulii uuli	<b>8</b> ) (1 <b>00</b> ) (1 <b>00</b> )	. Delle in	1880 HOT 1880
146 2ND ST. NO. 146 2ND ST. NO. SUITE 201 ST. PETERSBURG FL 33701 ST. PETERSBURG FL 33701			1			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 02/16/1003				
2. Principal Place of Business 2a. Mailing Address						02/16/1993 4. FEI Number	<del></del>		Anni	lied For
21	INCO OI DESTITORS	<b>├</b> ¬	26			65-0400628		H	<del>  ''</del>	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						[	·	\$8.7		Iditional
22 27						5. Certifcate of Status De	esired · 🔲	Fee	e Requ	uired
City & State	e	City & State	City & State			6. Election Campaign Fir	- 11		00 м	
23				Trust Fund Contribution  Country 8 This corporation owes the c					ded to	Fees
Zip				,		8. This corporation owes	-	ntangible ☐ Yes	Г	□No
24	9. Name and Address of Current		30			Personal Property Tax 10. Name and Address of				7100
	3. Hallie ditt Addites of Carlon.	r Kedisteren vanu	81	Nam	 ne	TO. Marine dillo monicos s	// Itam regions.	1 1-90		
, JAMI	es c rowe		-	<u> </u>		175 Co. Maria Nilliandra da Mari	* -4-11-1			
100 2ND AVENUE, S			82	Stree	et Addres	ss (P.O. Box Number is Not	Acceptable)			
4TH FLOOR, NORTH TOWER			83	<del>                                     </del>						
ST. PETERSBURG FL 33701			94	ļ				lac)	Zip Co	
	•		84	City			FI	L  85   4	Zip Cu	vae
office or re agent. I an SIGNATURE	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligate  Signature, typed or printed name of registered agent	of Florida. Such change was au tions of, Section 607.0505, Flor	uthorized by	the co	rporation'	s's board of directors. I herel	by accept the appo	ointment a	is regis	stered
12.	OFFICERS AND	<del></del>	13.			ADDITIONS/CHANGES	TO OFFICERS A			
TITLE	1510		1.1 TITLE					☐ Char	nge	☐ Addition
WENDKOS, BRAD			1.2 NAME		{					
STREET ADDRESS 160 25TH AVENUE			1.3 STREET ADDRESS		šs					
CITY-ST-ZIP ST. PETERSBURG FL 33704		DELETE	1.4 CITY-ST-ZIP		+		<del></del>	Char		Addition
TITLE		□ NELLE	2.1 TITLE		]				.iyc	☐ vocano
NAME			2.2 NAME	* *******						
STREET ADDRESS	I		2.3 STREET		<sup>8</sup> ]					
CITY-ST-ZIP TITLE	. <u></u>	☐ DELETE	2.4 C/TY-S 3.1 TITLE	il-Air	+	<del></del>	<del></del>	☐ Chan	nge	Addition
NAME	ı	_	3.2 NAME					_	-	_
STREET ADDRESS			3.3 STREET	T ADORES	ss					
CITY-ST-ZIP			3.4. CITY-S					•		
TITLE		☐ DELETE	4.1 TITLE		+-			[] Char	nge	Addition
NAME			4, 2 NAME							
STREET ADDRESS			4.3 STREET	( ADDRES	is					i
CITY-ST-ZIP			4.4 CITY- ST	t-zip						
TITLE		☐ DELETE	5.1 TITLE		1			Char	nge	☐ Addition
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREET		is	,				
CITY-ST-ZIP		Doctor	5.4 CITY-ST	1- ZIP						□ Addition
TITLE		☐ DELETE	6.1 TITLE					Chan	ige	Addition
NAME			6.2 NAME	- +						
STREET ADDRESS			6.3 STREET	ADDRES	<i>×</i> >					

6.4 CITY-ST-ZIP

ner like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14. I hereby certify that the information supplied with this filling does not dualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental adhular 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 of the receiver or trustee entry weread 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 or so attachment with an Address, with all other like empowered.

127-823-7144