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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Mar 22, 1999 8:00 am Secretary of State

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. CORRECTION CONTRACTOR AND A CONTRACTOR CON

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DOC	UMENT	- #	P930	0001	2721

1. Corporation Name

MIDWAY WAREHOUSE INVESTORS, INC.

Principal Place		5.5. 201 A. S. Luce							•
	e of Business	Mailing Address				· f			
101 E. KENNED	Y BLVD.	101 E. KENNEDY BLV	D.						
SUITE 3925 TAMPA FL 33602 US			SUITE 3925			DO NOT WRI	TE IN THIS	SPACE	
		TAMPA FL 33602 US			3. Date Incorporated or Qualifed 02/08/1993				
a Deineipal Ol	ace of Business	2a. Mailing Address				4 FEI Number		TA	pplied For
	ace of Business	<del></del> -				59-3163368			ot Applicable
21	4 ***	Suite, Apt. #, etc.				39 0 100000			Additional
Suite, Apt. #	#, <del>G</del> IC.	<u> </u>	•			<ol><li>Certificate of Status Desired</li></ol>			equired
22		City & State	<del></del>			- Flatin Compiler Financia		\$5.00	May Be
City & State	e	City & State	•		•	6. Election Campaign Financing Trust Fund Contribution		•	to Fees
23		28	Cour	nto.		<del></del>	ont voor la		10.1000
Zip	Country	Zip		i ili y		8. This corporation owes the curl Personal Property Tax.	ent year in	∐ Yes	□No
24	25	29	30			10 Name and Address of New I	Penistered		
	g. Name and Address of Curre	nt Registered Agent	<del>}</del>	81	Name	10, Italie and Address of New 1	togiatorou		
KENI	NEDV DAVID A		ļ	•	Maille				
KENNEDY, DAVID A C/O KENNEDY FROST INVESTMENTS, INC.		TS, INC.	ļ	82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
101 E KENNEDY BLVD., S 3925			83						
TAMI	PA FL 33602		}		City		<del></del>	85 Zip	Code
				84	City	•	Fl	_  65  210	Code
44 Burguant (	to the provisions of Sections 607.05	02 and 607 1508. Florida S	Statutes the at	DOVE:	-named corpo	oration submits this statement for the	nurnose o	f changing it	s registered
office or re	egistered agent, or both, in the State m familiar with, and accept the oblig	a of Florida. Such chande w	vas autnonzed	ו עם ו	ine corporatio	n's board of directors. I hereby acce	pt the appo	intment as r	egistered
SIGNATURE							DATE		
	Signature, typed or printed name of registered ag		(NOTE: Registered	Agent	signature required			ND DIRECT	ODE IN 12
12.	<del></del>	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	TICERS A	Change	
TITLE	D FOOTED FOLLOW ALL ID		E 1.1 TIT	ILE					
NAME	FOSTER, FRANK M JR		1.2 NA		(				
NAME STREET ADDRESS	8 BROOK LANE				ADDRESS				
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