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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000019274

1. Corporation Name

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90151 014 ***150.00

HULLTAT	WAT, MO-							
		<u></u>				<u>-{</u>		AN IDAN DIEN NOOF
Principal Plac	e of Business	Mailing Address						
10601 OAK STREET N.E. 10601 OAK STREET N.E.						Į.		
ST. PETERSBURG FL 33716 ST. PETERSBURG FL 33716						DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed		
						03/15/1993		
2 Principal B	Place of Business	2a. Mailing Address				4. FEI Number		Applied For
—	race of business	<u> </u>				59-3181371		Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.						5 Additional
	#, dtc.	27				5. Certifcate of Status Desired	•	Required
City & Stat	ile . • ∞,	City & State				6. Election Campaign Financing	\$5.0	0 May Be
— ·		28				Trust Fund Contribution		ed to Fees
Zip	Country	Zip	Con	intry		8. This corporation owes the current year in		
·	25	29	30	,		Personal Property Tax.	☐ Yes	M No
24	9. Name and Address of Curren		30	Τ-		10. Name and Address of New Registered	Agent	
	3. Name and Address of Carren	t registeres Agent		81	Name			
COF	FILL, JOHN			\Box				
	E HILLSBOROUGH			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	PA FL 33610			83				
11 441		•		0.3				
	er e			84	City		85 Zi	p Code
						FL	<u>-</u>	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	es, the al	bove t by	e-named corpo	oration submits this statement for the purpose or n's board of directors. I hereby accept the appo	i changing intment as	registered
agent. I a	registered agent, or both, in the State of am familiar with, and accept the obligat	tions of, Section 607.0505, Flo	rida Stati	utes.		113 Board of directors. Thoroby descript the appe		. sg.c
SIGNATURE						•		
SIGIVATORE	Signature, typed or printed name of registered agen	it and title if applicable. (NOTE	Registered	Agen	t signature required			
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	□ DELETE	1.1 11	TLE	1		Chang	ge 🗀 Addition
NAME .	VALVERDE, DON		1.2 N/	AME	Ì			
STREET ADDRESS	7439 E HILLSBOROUGH AVE		1.3 ST	TREET	ADDRESS			
CITY-ST-ZIP	TAMPA FL		1.4 CF	TY-ST	r-zip			
TITLE	P	☐ DELETE	2.1 TF	TLE	i i			
NAME	COFFILL, JOHN						☐ Chang	ge Addition
STREET ADDRESS	40004 OAK OT NE		2.2 NA	AME			Chang	ge Addition
CITY-ST-ZIP					ADDRESS		Chang	ge Addition
TITLE -			2.3 ST	TREET			☐ Chang	ge Addition
	ST. PETERSBURG FL	DELETE:	2.3 ST	TREET			☐ Chang	
NAME	ST. PETERSBURG FL	□ DELETE···	2.3 ST 2. 4 C	TREET STY-S				
NAME expect appliese	ST. PETERSBURG FL CONLEN, LYNN S	DELETE .	2.3 ST 2.4 C - 3.1 TF 3.2 NA	TREET CITY-S TILE AME	ST-ZIP			
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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.

SIGNATURE: