FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90043 013 ***150.00

Corporatio	A ADVOCACY AND COORDI		202			
Principal Plac	e of Business	Mailing Address				
2189 CLEVELAN	ND ST.	2189 CLEVELAND ST.]		
STE. 204B	5 1. 6 1. 6 1.	STE 204B		DO NOT WRITE IN THIS	CDACE	
CLEARWATER I	FL 34625	CLEARWATER FL 34625 US		DO NOT WRITE IN THIS	SPACE	
03		03		3. Date Incorporated or Qualifed 03/10/1993		
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied	For
21		26		59-3174319	Not App	licable
Suite, Apt.	.#, etc.	Suite, Apt. #, etc. 27 Ste 202		5. Certificate of Status Desired	\$8.75 Addition	
City & Stat		City & State		_ 6. Election Campaign Financing	\$5,00 May	Be .
23	· .	28	-	Trust Fund Contribution	Added to Fee	
Zip	Country 765 [25]	Zip 29 33765 30	Country	This corporation owes the current year Inta Personal Property Tax.	angible ☑Yes □Ne	2
24 33	9. Name and Address of Current		<u>'L</u>	10. Name and Address of New Registered		
		· ···ogiotorou rigoi	81 Name			
	NKLIN, TODD		82 Street Add	Iress (P.O. Box Number is Not Acceptable)	<u> </u>	
1215 FERN TERRACE DRIVE		62 Street Add	ress (P.O. Box Number is Not Acceptable)			
SAF	ETY HARBOR FL 34695		83			
			84 City		85 Zip Code	
			1	<u>FL</u>		
11. Pursuant office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of familiar with and accept the obligations.	and 607.1508, Florida Statutes, of Florida. Such change was authors of Section 607.0505. Florida	the above-named corporation of the corporation of t	poration submits this statement for the purpose of construction of directors. I hereby accept the appoint	changing its regis ntment as register	tered ed
ayent. i a	and accept the congac	ionapi, pecqui cor soco, i ionac		•		
01011171100	Tames and the	interior To	an FRANK	LIN POSS 1/2	7 99	1
SIGNATURE	Signature, typed or printed name of registered agent		gistered Agent signature require	ed when reinstating) DATE	<u> </u>	_
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Agent signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFICERS AN	コ (名名 D DIRECTORS II	- I 12
	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: Re	gistered Agent signature require 13. 1.1 TITLE	ed when reinstating) DATE	コ (名名 D DIRECTORS II	_
12.	Signature, typed or printed name of registered agent OFFICERS AND D FRANKLIN, TODD	and title if applicable. (NOTE: Re	13. 1.1 TITLE 1.2 NAME	ed when reinstating) DATE	コ (名名 D DIRECTORS II	- I 12
12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND D FRANKLIN, TODD 1215 FERN TERRACE DR	and title if applicable. (NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ed when reinstating) DATE	コ (名名 D DIRECTORS II	- I 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND D FRANKLIN, TODD	and title if applicable (NOTE: Re) D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST-ZIP	ed when reinstating) DATE	□ Change	1 12 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.

SIGNATURE: _

SIGNATURE REQUIRED SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #