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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

FILED Apr 14, 1999 8:00 am Secretary of State Katherine Harris Secretary of State

04-14-1999 90103 018 ***150.00

DOCUI 1. Corporation DE GAB/)40248							
Principal Place	e of Business	Mailing Address		-	\dashv		188 11611 80111 80141 86 111 8011	I DIDIL 98116 11811	94801 HOAT 1891
1174 COURT ST									
1174 COURT ST. 220 BELLVIEW BLVD CLEARWATER FL 34616 #104									
		BELLAIR FL 33756			L		O NOT WRITE IN THE	S SPACE	
		US			Į	 Date Incorporated 06/07/1993 	or Qualifed		
8 D-ii1 D	Inno of Business	2a. Mailing Address			\dashv	4. FEI Number		ΙΔ.	pplied For
	Bellview Blud.	26. Walling Address				59-3202182		<u> </u>	ot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.							Additional
22 # 10 4					-	5. Certificate of State	ış DesiredLJ	Fee R	equired
City & State City & State				_		6. Election Campaig	n Financing	\$5.00	May Be
23 Bella	ur, FL	28				Trust Fund Contr	ibution	Added	to Fees
Zip	Country	Zip	Country	y		•	owes the current year In		rīna
24 337		29 3	30		l.	Personal Propert		Yes	□No
	9. Name and Address of Current	Registered Agent	81	Name		10. Name and Adda	ess of New Registered	u Agent	-
GAR	AY, LEONARD								
1174 COURT STREET				82 Street Address (P.O. Box Number is Not Acceptable)					
CLEARWATER FL 34616			83	 					_
				<u> </u>					
			84	City			F	L 85 Zip	Code
l office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	Florida Such change was all!	DODZEM DV	, the comor	orpora ration's	ition submits this state board of directors. I	ement for the purpose of hereby accept the app	of changing its	registered agistered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	da Statute:	s.					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable /NOTE: R	Registered Age	ent signature red	duired wh	nen reinstation)	DATE		
12. OFFICERS AND DIRECTORS			13.				IGES TO OFFICERS A	ND DIRECTO	ORS IN 12
TITLE	DPST	☐ DELETE	1.1 TITLE					Change	☐ Addition
NAME	Gabay, Leonard		1.2 NAME						
STREET ADDRESS	1174 COURT ST.		1.3 STREE	T ADDRESS	224	Bellview	Blud 104		
CITY-ST-ZIP	CLEARWATER FL 34616		1.4 CITY-5	ST-ZIP	<u> B</u>	ellair, FL	<u>. 33756</u>		
TITLE		☐ DELETE 2.1 π				•		☐ Change	☐ Addition
NAME		22 N							
STREET ADDRESS			2.3 STREE	ET ADDRESS					
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP		. •	: · · · · · · · · · · · · · · · · · · ·	Change	Addition
TITLE			3.1 TITLE					□ спянде	C. Vogison
NAME			3.2 NAME	Į.					ļ
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY- 4.1 TITLE	\$1-ZIP			 	☐ Change	☐ Addition
NAME			4. 2 NAME						_ `
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP			4.4 CITY-5						
TITLE		☐ DELETE	5.1 TITLE	-				☐ Change	☐ Addition
NAME			5.2 NAME				N		
STREET ADDRESS			5.3 STREE	T ADDRESS					
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP					
TITLE		□ DELETE	6.1 TITLE					Change	☐ Addition
NAME			6.2 NAME						1
STREET ADDRESS			•	ET ADDRESS					1
l	Ì		CACITY (OT ZIO					

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 of the repover 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, in on an address, with all other like empowered.

SIGNATURE: