**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## 1999 DOCUMENT # P93000043287

1. Corporation Name

Principal Place of Business Mailing Address

## Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90110 034 \*\*\*150.00



5770 ROOSEVELT BLVD. #300 CLEARWATER FL 33760 US	5770 ROOSEVELT BLVD. #300 CLEARWATER FL 33760 US		DO NOT WRITE IN THIS  3. Date Incorporated or Qualifed  06/18/1993	SPACE .		
2. Principal Place of Business 21 15950 Bay Vista Drive	2a. Mailing Address 26 15950 Bay Vis	ta Drive	4, FEI Number 59-3189065	Applied For Not Applicable		
Suite Apt # ec 235	26   15950 Bay V18   Suite, Apt. #, etc.	D1110	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State 23 Clearwater, FL	City & State  28 Clearwater, E	?L	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 34620 Country 25 US		intry JS	This corporation owes the current year Int Personal Property Tax.	angible		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
HENRY, SUSAN A. EDGEWARE INC 5770 ROOSEVELT BLVD #300 CLEARWATER FL 34620		81 Name He	nry, Susan A.			
		82 Street Addres	s (P.O. Box Number is Not Acceptable) 950 Bay Vista Drive			
		83 Su	ite 235			
OLEMINIEM I E OTOEO		84 City Cl	earwater <b>FL</b>	85 Zip Code 34620:		

11. Pursuant to the previsions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered

office or registered agent for both, in the State of Florida. Such change was authorized by the corporation's board of directors. Find by accept the appointment as registered agent. I am farbillar with the decept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE				3/31	199					
	Signature, types or printed name of refletered agent and title if applicable	<u>`</u>	gistered Agent signature of		/	12				
12	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS A						
TITLE	CS	₩ DELETE	1.1 TITLE	Presi, Dir., & Treasur	e‡ <sup>∏Change</sup>	Addition				
NAME	HENRY, SUSAN		1.2 NAME	Gregory J. Duman		Ì				
STREET ADDRESS	5770 ROOSEVELT BLVD #300		1.3 STREET ADDRESS	224 South 108 Avenue						
CITY-ST-ZIP	CLEARWATER FL	17	1.4 CITY-ST-ZIP	Omaha, NE 68154						
TITLE	PT	DELETE	2.1 TITLE	Secretary &nDirector	Thange	Addition :				
NAME	SCOTT, MITCH		2.2 NAME	David P. Stokes						
STREET ADDRESS	5770 ROOSEVELT BLVD #300		2.3 STREET ADDRESS	224 South 108 Avenue		ľ				
-CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP	Omaha, NE 68154						
TITLE		☐ DELETE	3.1 TITLE	omana, na ooto i	☐ Change	Addition				
NAME	• •		3.2 NAME							
STREET ADDRESS			3.3 STREET ADDRESS							
CITY-ST-ZIP			3.4. CITY-ST-ZIP							
TITLE	4	☐ DELETE	4.1 TITLE		Change	☐ Addition				
NAME	•		4. 2 NAME							
STREET ADDRESS			4.3 STREET ADDRESS							
CITY-ST-ZIP			4.4 CITY-ST-ZIP							
TITLE		☐ DELETE	5.1 TITLE		Change	Addition				
NAME			5.2 NAME	,						
STREET ADDRESS			5.3 STREET ADDRESS							
CITY-ST-ZIP			5.4 CITY-ST-ZIP							
TITLE		DELETE	6.1 TITLE		Change	Addition				
NAME			6.2 NAME			Î				
STREET ADDRESS	ZW WIFFM		6.3 STREET ADDRESS							
CITY-ST-ZIP	Libraria Fill 1970		6.4 CITY-ST-ZIP							

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 regiver 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:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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