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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000065579

. Corporation Name

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

04-14-1999 90154 015 \*\*\*300.00

	R., INC.						
Principal Place	e of Business	Mailing Address			1 I ( B ) I ( B ) I ( B ) I ( I ) I ( I ) B I	EBIID BIIDI BIIDE BIIIF I	10016 (81) 1001
1812 BAYOU GRANDE BLVD N.E. 1812 BAYOU GRANDE BLVD ST. PETERSBURG FL 33703-1910 ST. PETERSBURG FL 33703-1					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed	·	
					09/21/1993		
<u> </u>	lace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	plied For
21		Suite Apt. # etc.			59-3202087	\$8.75 A	t Applicable
Suite, Apt.	#, etc.	27 Suite, Apr. #, etc.			5. Certifcate of Status Desired	Fee Re	
City & State	e	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Coun	itry	8. This corporation owes the current ye	ar Intangible	
24	25	29	30		Personal Property Tax.	Yes	□No
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Regist	ered Agent	
00.4	4000 00000		];	81 Name	•		
	MONS, SUSAN L		<u> </u>	82 Street Add	dress (P.O. Box Number is Not Acceptable)		
	2 BAYOU GRANDE BLVD N.E.		L				
SI. 1	PETERSBURG FL 33703-1910		ľ	83			
1			Į.	84 City		FL 85 Zip C	Code
							registered
office or r	pointered agent or both in the State (	of Florida. Such change was a	uthonzed	by the corporat	poration submits this statement for the purpo ion's board of directors. I hereby accept the	appointment as req	gistered
agent, I a	m familiar with, and accept the obligat	tions of Section 607 0505. Flo	arida Ctabut	toc			II
-3-		1010 01, 0001011 007.0040,	nua Statu	160.			
SIGNATURE					red when rainstating).	TF	}
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SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN			Agent signature requir	ed when reinstating) DA ADDITIONS/CHANGES TO OFFICER		RS IN 12
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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, of on an attachment with an address, with all other like empowered.

SIGNATURE:

ACTION OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Date

032399

Daytime Phone #