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**PROFIT** CORPORATION **ANNUAL REPORT** 

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P93000077644

CENTER FOR INNOVATIVE STRUCTURES, INC.

FILED
Jan 25, 1999 8:00am
Secretary of State

01-25-1999 90044 021 \*\*\*150.00

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Principal Place of Business Mailing Address  Mailing Address					<u> </u>	<b>B</b> ille <b>Bil</b> le <b>Bi</b> lle <b>Bi</b> lle				
Principal Plac	The of Business	•					-1	1. 18 30 2		
JULY DAN PEU	INU SINEE!	3302 SAN F								
TAMPA FL 33629						DO NOT	WRITE IN THIS	SPACE		
] **	•	00				3. Date Incorporated or Qua	lifed	1 1 1		
						11/04/1993				
2. Principal P	Place of Business	2a. Mailing	Address			4. FEI Number		Ap	plied For	
21		26				59-3226973			t Applicable	
Suite, Apt.	#, etc.		Apt. #, etc.					\$8.75		-
22	•	27	<del></del>			5. Certifcate of Status Desir	ed 🔲	Fee Re		
City & State		City & State			6. Election Campaign Finan	cina	\$5.00	May Be		
23		28				Trust Fund Contribution		Added t		
Zip	Country .	Zip		Country		8. This corporation owes the	current vear in	tangible		
24	25	29	Γ	30		Personal Property Tax.	, , ,	Yes	⊡No	
	9. Name and Address of Current	11		<del></del>		10. Name and Address of N	lew Registered	Agent		
				81	Name					
GLA	DFELTER, LESLIE H	*** **		_		(5.5.5.1)				
<b>1023</b>	3 MANATEE AVE. WEST	WHEN THE		82	Street Addre	ess (P.O. Box Number is Not Ac	ceptable)	•		
BRA	DENTON FL 34205			83		100 C C 200 S C 200 C	No. 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5 3 5		
						1		14 2 21		
				84	City	Control of the second		85 Zip (	Code* "' ""	
dd Dimilant	to the provisions of Sections 607.0502	2 and 607 1608	Elorido Statuta	se the above	nomed com	oration submits this statement for	r the purpose of	changing its	registered	
office or r	registered agent, or both, in the State of	of Florida, Such	change was au	thorized by	the corporatio	on's board of directors. I hereby	accept the appoi	intment as re	gistered	
l⊰S agent La	m familiar with, and accept the obligation	and he canting							I	
l , agone i a	in landar with and accept the congain	ions or, Section	607.0505, Flori	ida Statutes	•			. ,	2 1	
SIGNATURE			,	ida Statutes					· · · · ·	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	s. (NOTE:	ida Statutes Registered Agen		d when reinstating)	DATE	ND DIRECTO	RS IN 12	á
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable.	. (NOTE:	Registered Agen		ADDITIONS/CHANGES TO				(0)
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND D	and title if applicable.	s. (NOTE:	Registered Agen 13. 1.1 TITLE				ND DIRECTO ☐ Change	RS IN 12	(00) # // //
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND D GLADFELTER, VAN J	and title if applicable.	. (NOTE:	Registered Agen  13. 1.1 TITLE 1.2 NAME	t signature required	ADDITIONS/CHANGES TO				(00/ 44/ 700)
SIGNATURE 12. TITLE NAME STREET ADDRESS	OFFICERS AND D GLADFELTER, VAN J 3302 SAN PEDRO ST	and title if applicable.	. (NOTE:	Registered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET	t signature required	ADDITIONS/CHANGES TO				01004 (44,000)
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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:

813-835-5311