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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DÉPARTMENT OF STATE

Katherine Harris

Secretary of State . DIVISION OF CORPORATIONS

DOCUMENT #

P93000079895

1. Corporation Name

AMADEUS INC.

Principal Place of Business

Jun 10, 1999 8:00 am Secretary of State 06-10-1999 90017 003 ***150.00

| , moipar, ido | o or business | Maining Address | | | | | | |
|--|---|--|----------------------------|---------------------|--|---|------------------|------------------------|
| 7955 11th AVENUE SOUTH | | 3520 BELLE VIST | ra drive | EAST | | | | |
| ST PETERSBURG FL 33707 | | ST PETERSBURG FL 33706 | | | | | | |
| | | | | | | RITE IN THIS | SPACE | |
| | | | | | 3. Date Incorporated or Qualifed 11/12/1993 | t | | |
| 2. Principal P | Place of Business | 2a. Mailing Address | _ | | 4. FEI Number | | | Applied For |
| 4.44 | | | 32 | | 59-3218310 | | \rightarrow | <u>'''</u> |
| 21 22 | OBELLE VISTA DRE | 26 | | , | | | | Not Applicable |
| 22 ST PE | ETERE BIRK | SULLO ASANDRA I | HINIBER | ζ. | 5. Certifcate of Status Desired | | | Additional Required |
| City 8:35 | EASURE ISLAMB FL | | LIBC E | | C. Election Committee Financian | | | <u> </u> |
| 23 | · L. | | CIST SPETERSBURG FL | | | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees | | |
| | OG Country I ISA | | Country | 4 ICA | | | | to rees |
| ^{Zip} 337 24 | 706 · Country USA | ZiB3743 | 30 | USA | This corporation owes the cur Personal Property Tax. | rrent year inta | angible ☐ Yes | X No |
| <u> </u> | 9. Name and Address of Curren | | 301 | | 10. Name and Address of New | Registered (| | 32110 |
| | J. Haise and Address of Curren | t registered Agent | 81 | Name | 10. Name and Address of New | registered A | - tyent | |
| | | | [| Traine | | | | |
| | | | 82 Street Add | | dress (P.O. Box Number is Not Accept | table) | | |
| HENSI | EL, ANNA | | 60 | | | | | |
| | BELLE VISTA DRIVE EAS | т | 83 | | | | | |
| | | 1 | 84 | City | | | 85 Zip | Code |
| SIPE | TERSBURG FL 33706 | | | , | | FL | | |
| 11. Pursuant | to the provisions of Sections 607.0502 | 2 and 607 1508, Florida Statutes | s, the abov | e-named cor | poration submits this statement for the | e purpose of o | hanging it | s registered |
| office or r agent. I a | egistered agent, or both, in the State on familiar with, and accept the obligat | of Florida. Such change was autions of, Section 607.0505, Florid | inorized by da Statutes | tne corporat | tion's board of directors. I hereby acce | ept the appoin | itment as r | egistered |
| SIGNATURE | , , | , | | | | | | |
| | Signature, typed or printed name of registered agen | t and title if applicable. (NOTE. F | Registered Age | nt signature requir | red when reinstating) | DATE | | |
| 12. | OFFICERS AN | D DIRECTORS | 13. | | ADDITIONS/CHANGES TO OR | FFICERS AN | D DIRECT | ORS IN 12 |
| TITLE | Р | ☐ DELETE | 1.1 TITLE | | | | ☐ Change | Addition |
| NAME | KOCZY, WILHELM | | 1.2 NAME | | | | | |
| STREET ADDRESS | 7982 10th AVENUE SOUTH | | 1.3 STREE | TADDRESS | | | | |
| CITY-ST-ZIP | | | 1.4 CITY-S | T. 7IP | | | | |
| TITLE | ST PETERSBURG FL 33707 | ☐ DELETE | 2.1 TITLE | 11-211 | _ | | Change | Addition |
| NAME | VP | | 22 NAME | | | | | |
| | HENSEL, ANNA | | | T + DODD=00 | | | | |
| STREET ADDRESS | 3520 BELLE VISTA DRIVE EA | ST | | TADDRESS | | | | |
| CITY-ST-ZIP | ST PETERSBURG FL 33706 | C) pereze | 2. 4 CITY - S | ST-ZIP | | | | |
| TITLE | | ☐ DELETE | 31 TITLE | | | | Change | Addition |
| NAME | | | 32 NAME | | - | | | |
| STREET ADDRESS | | | 3.3 STREET | TADDRESS | | | | |
| CITY-ST-ZIP | | | 3.4. CITY-S | ST-ZIP | | | | |
| TITLE | | DELETE | 4.1 TITLE | | | | Change | Addition |
| NAME | | | 4. 2 NAME | | | | | |
| STREET ADDRESS | | | 4.3 STREET | TADDRESS | | | | |
| CITY-ST-ZIP | | | 4.4 CITY-S | T- ZiP | | | | |
| TITLE | - | ☐ DELETE | 5.1 TITLE | 1 | | | ☐ Change | Addition |
| NAME | | | 5.2 NAME | | | | | _ |
| STREET ADDRESS | | | 5.3 STREET | ADDRESS | | | | |
| 1 | | | 5.4 CITY- S | | | | | |
| CITY-ST-ZIP TITLE | | ☐ DELETE | 6.1 TITLE | | | | ☐ Change | Addition |
| i | | - DELETE | 6.2 NAME | | | | Change | |
| NAME | | | 1 | | | | | |
| STREET ADDRESS | | | 6.3 STREET | [| | | | |
| CITY, ST. 7IP | | | 6.4 CITY-S | T-ZIP | | | | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 13 is chapter from an attachment with an address for all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)