Applied For

Fee Required \$5.00 May Be

Added to Fees

□No

Yes

Not Applicable \$8.75 Additional

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # POSOCOOREGOE

	<del>-</del>						
Principal Place of	Business	Mailing Address					
1570 MCMULLEN BO BAYSIDE BRIDGE S CLEARWATER FL 34	HOPPING CENTER	1570 MCMULLEN BOOTH RD. Bayside Bridge Shopping Center Clearwater FL 34619					
	of Business	2a. Mailing Address					
_ ·		<u> </u>					
Suite, Apt. #, e		26					
Suite, Apt. #, e		26 Suite, Apt. #, etc.					
Suite, Apt. #, e 22 City & State		26 Suite, Apt. #, etc. 27					
Suite, Apt. #, e		26   Suite, Apt. #, etc.   27   City & State					

## **FILED** Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90128 013 \*\*\*150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

 $\Box$ 

12/10/1993 4. FEI Number

59-3219821

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

1570 MCMULLEN BOOTH RD. BAYSIDE BRIDGE SHOPPING CENTER				Street A			
				<del></del>			
CLE/	ARWATER FL 34619						
	·		84	City	F		Code
omice of r	to the provisions of Sections 607.0502 and 60 egistered agent, or both, in the State of Florid m familiar with, and accept the obligations of,	a. Such change was au	thorized by	the corpor	orporation submits this statement for the purpose or ation's board of directors. I hereby accept the app	of changing its ointment as re	registered gistered
SIGNATURE							
	Signature, typed or printed name of registered agent and title if	<del></del>		t signature req	juired when reinstating) DATE		
12.	OFFICERS AND DIREC		13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE		☐ DELETE	1.1 TITLE	Ì		☐ Change	☐ Addition
NAME ·	SIMON, RALF		1,2 NAME	-			
STREET ADORESS	690 EAGLE LANE		1.3 STREET	ADDRESS			
CITY-ST-ZIP	LANSDALE PA		1.4 C/TY-S7	-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE			Change	Addition
NAME	SIMON, NANCY		2,2 NAME			_ •	_
STREET ADDRESS	690 EAGLE LANE	•	2.3 STREET	ADDRESS			
CITY-ST-ZIP	LANSDALE PA		2.4 CITY-S				
TITLE		DELETE	3.1 TITLE			☐ Change	Addition
NAME I			3.2 NAME	(		onengo	
STREET ADDRESS	•		3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST				
TITLE	-	DELETE	4.1 TITLE	1-ZIP	<del></del>	Change	Addition
NAME			4. 2 NAME	1		□ change	
STREET ADDRESS	•		4.3 STREET	ANNOESS			
OTTY-ST-ZIP	•		4.4 CITY-ST		•		
ITLE		☐ DELETE	5.1 T/TLE	- <u>Zır</u>		Change	Addition
NAME	•	_	5.2 NAME		• .		
STREET ADDRESS	•	•	5.3 STREET	ADDRESS	·	•	
CITY-ST-ZIP			5.4 CITY-ST	-ZIP	•		
TILE	·	☐ DELETE	6.1 TITLE	<del>-</del> +		☐ Change	☐ Addition
NAME			6.2 NAME	}		- outmide	T Language
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP	•		6.4 CITY-ST				
	ertify that the information supplied with this file	n does not qualify for the			Section 119.07(3)(i), Florida Statutes. I further ce		ē 11

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.

Daytime Phone #