## 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

## **FILED** Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90210 023 \*\*\*150.00

DOCUMENT #	P93000088379
4. Composition Name	1 0000000000000000000000000000000000000

LUKANE	N COMPANY			4 35523504 110 15100 1111 0011 0011 0011 0011	AL 2010 : 1010 AL 1011   1001 0 1011   1001
				4	
Principal Place	o of Business	Mailing Address			<u> </u>
•		6161 9TH STREET NORTH			
6161 9TH STRE SUITE 100	ET NORTH	SUITE 100			
ST. PETERSBURG FL 33703 ST. PETERSBURG FL 33703			DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed	į
		<del></del>		12/28/1993	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.		59-3219283	\$8.75 Additional
22 Suite, Apr.	#, etc.	27		5. Certifcate of Status Desired	Fee Required
City & Stat	e	City & State		-6. Election Campaign Financing -	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Ir	ntangible
24	25	29 30	5]	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent
001	D AADON I		81 Name		
	D, AARON J		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
704 WEST BAY STREET					
IAM	PA FL 33606		83		
			84 City	p** p	85 Zip Code
				<u> </u>	_ 1 .1
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, f Florida, Such change was auth	the above-named corp orized by the corporati	poration submits this statement for the purpose of on's board of directors. I hereby accept the appo	of changing its registered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	a Statutes.	,	
SIGNATURE				ed when reinstating) DATE	
12.	Signature, typed or printed name of registered agent OFFICERS AND		gistered Agent signature require	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	DTS	DELETE	1.1 TITLE	Applitono/of Milese To of Floreno/	☐ Change ☐ Addition
NAME	HIGMAN, DAVID A		1.2 NAME		
STREET ADDRESS	6161 9TH STREETN, STE.100		1.3 STREET ADORESS		
City-ST-ZIP	ST. PETERSBURG FL 33703		1.4 CITY-ST-ZIP		}
TITLE	DP DP	☐ DELETE	2.1 TITLE	4.07-474	☐ Change ☐ Addition
NAME !	HIGMAN, DENICE R		2.2 NAME		
STREET ADDRESS	6161 9TH ST. N., STE. 100		2.3 STREET ADDRESS		j
CITY-ST-ZIP	ST. PETERSBURG FL 33703		2. 4 CITY-ST-ZIP	) }	
TITLE		☐ DELETE	3.1 TITLE	and the second s	- Change . Addition -
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZiP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETÉ	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		ţ
STREET ADDRESS			5.3 STREET ADDRESS		

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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

NAME

TED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

☐ Change

Addition