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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400007393

Principal Place 1213 COLUMBIA PALM HARBOR US 2. Principal Pl 21 Suite, Apt. 22 City & State	e of Business A AVE FL 34683 ace of Business #, etc.	Mailing Address 1213 COLUMBIA AVE PALM HARBOR FL 34683 US 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State			4.	DO NOT WRITE IN TH Date Incorporated or Qualifed 01/20/1994 FEI Number 59-3224898 Certificate of Status Desired Election Campaign Financing Trust Fund Contribution	IS SPACE	blied For Applicable dditional quired May Be
Zip	Country	Zip	Country	,	8.	This corporation owes the current year	ntangible	
24	25	29 36	0		Щ.	Personal Property Tax.		™ o
	9. Name and Address of Curren	t Registered Agent	81	Name	10.	Name and Address of New Registere	a Agent	
TAYLOR, JOHN 1213 COLUMBIA AVE PALM HARBOR FL 34683 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes			82 83 84	Street Add		P.O. Box Number is Not Acceptable) Figure 1. The statement for the purpose	L had a	
office or reagent. I as	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such charge was autritions of Section 607.0505, Florid	orized by a Statutes	tne corporati	LORS	4/29	99	jistered
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE				1.1 TITLE			Change	Addition
NAME	, , , , , , , , , , , , , , , , , , ,		1.2 NAME					
STREET ADDRESS				3 STREET ADDRESS				
CITY-ST-ZIP				′-ST-ZIP ☐ Change			Change	Addition
TITLE	ST DELETE						change	
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREET ADDRESS					ſ
CITY-ST-ZIP			2. 4 CITY-1	ST-ZIP			☐ Change	Addition
TITLE		בן טבנכוב						
NAME			3.2 NAME	* 1000000				İ
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP	☐ DELETE		3.4. CITY-ST-ZIP 4.1 TITLE				☐ Change	Addition
TITLE	G Section		4.2 NAME					_
NAME			1					
STREET ADDRESS				4.3 STREET ADDRESS 4.4 City-St-ZIP				
CITY-ST-ZIP .			5.1 TITLE	11-21			Change	Addition
NAME		_	5.2 NAME					
STREET ADDRESS				T ADDRESS				1
				ST-ZIP				
TITLE	DELETE 6.1		6.1 TITLE	-			☐ Change	Addition

CITY-ST-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), 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

WENDY STAYLOR