## 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 # P94000007901 1. Corporation Name

JUST BROWZING THRU, INC.

## **FILED** Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90109 030 \*\*\*150.00



Principal Place of Business		Mailing Address				
1842 BRANCH MOORING FAMPA FL 33635		11842 BRANCH MOORING TAMPA FL 33635			DO NOT WRITE IN THIS SPA	CE
					3. Date Incorporated or Qualifed	
					02/01/1994	
. Principal Place of Business		2a. Mailing Add	2a. Mailing Address		4. FEI Number	Applied For
1		26	26		59-3217501	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		
City & State	<u> </u>	City & State				5.00 May Be Added to Fees
Zip	Country	Zip	Country 30	,	8. This corporation owes the current year Intangit Personal Property Tax.	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
PDALIZ	ZER, MITCHELL		81	Name		
	BRANCH MOORING			32 Street Address (P.O. Box Number is Not Acceptable)		
TAMPA	A FL 33635		83		, ,	-
			84	City	FL 8	Zip Code
11. Pursuant to	the provisions of Sections 607	.0502 and 607.1508, Flor	ida Statutes, the abov	e-named corp	poration submits this statement for the purpose of char	iging its registered

office or registered agent, or both, in the State of Florida. Such change was authorized by agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE	Slonature, typed or printed name of registered agent and title if applicable. (NOTE: Ri	egistered Agent signature re	equired when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BRAUZER, MITCHELL	1.2 NAME	
STREET ADDRESS	11842 BRANCH MOORING	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33635	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	,
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE	☐ DELETE	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	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	•
CITY-ST-ZIP		6.4 CITY-ST-ZIP	
	ertify that the information supplied with this filling does not qualify for the		in Section 119.07(3)(i), Florida Statutes. I further certify that the information

I nereby certify that the information supplied will this limit does not quality for the exemption stated in Section 119.07(5)(f), Frontida Statutes. I notifier certify that the mindhal 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.