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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # DOMOGOOGE 12

1. Corporation	HOLLOW PARTNERSHIP, IN						
Principal Place of Business Mailing Address							.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
746 MAIN STREET 746 MAIN STREET							
		DUNEDIN FL 34698			DO NOT WRITE IN THIS	SPACE	
US		US			3. Date Incorporated or Qualifed		
(02/01/1994		l
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Apr	plied For
21	200 0, 240,11000	26			59-3221223	<u> </u>	t Applicable
Suite, Apt. #, etc. Suite, A		Suite, Apt. #, etc.	e, Apt. #, etc.		_	\$8.75 A	dditional
27		27			5. Certificate of Status Desired	Fee Re	quired
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country		8. This corporation owes the current year Int	angible	[57] s. 1
24	25		30		Personal Property Tax.		X)No
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registered	Agent	
M1210	O, ARMANDO F			Name			
25400 U.S. 19 NORTH			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)		
	E 210	````	83	<u> </u>			
CLEARWATER FL 34623			"		1989年至1987年198日 在中国	ا الله الله الله الله الله الله الله ال	t^{-1}
			84	City	TOTAL PROPERTY OF THE PARTY OF	85 Zip C	ode
44 Dumund	to the provinces of Sections 607 0503	and 607 1508 Florida Statutos	the show	a-named co	ornoration submits this statement for the purpose of	changing its	registered
office or re	egistered agent, or both, in the State of	f Florida. Such change was aut	horized by	the corpora	orporation submits this statement for the purpose of ration's board of directors. I hereby accept the appoint	ntment as req	gistered
agent. I a	m familiar with, and accept the obligat	ons of, Section 607.0505, Flore	da Statutes	•			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agen	nt signature reg	quired when reinstating) DATE		
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTO	RS IN 12
TITLE	DPS	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME.	WAHAB, RAZI H		1.2 NAME				
STREET ADDRESS	746 MAIN STREET		1,3 STREET	ADDRESS			
CITY-ST-ZIP	DUNEDIN FL 34698		1.4 CITY-ST-ZIP				
TITLE		☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME			2.2 NAME	1			
STREET ADDRESS			2.3 STREET	ADDRESS			
CITY-ST-ZIP			2. 4 CITY+S	T-ZIP			
TITLE		☐ DELETE	3.1 TITLE	ļ	i	☐ Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS	-		3.3 STREET	TADORESS			
CITY-ST-ZIP			3.4. CITY-S	T-ZIP			- Addition
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4, 2 NAME				
STREET ADDRESS				TADORESS			
CITY-ST-ZIP		D DE ETE	4.4 CITY-S	T- ZIP		☐ Change	Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME			□ Change	C3 vagillari
NAME				TADDRESS			
STREET ADDRESS	-		1				
CITY-ST-ZIP		☐ DELETE	5.4 CITY-S' 6.1 TITLE	1+ ZIP		Change	Addition
TITLE			6.2 NAME		<i>₹</i>		Report - Townson -
NAME				T ADDRESS			

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.

6.4 CITY-ST-ZIP

SIGNATURE:

Razi H. Wahab - President

(727) 736-4922