Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90065 035 ***150.00

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 # POACCOMENT # ACC

1. Corporation	1 0 1000	014400			
Principal Place	e of Business	Mailing Address			FBT 14813 GIALL ANDSI ABNI AAN NAA
12600 SEMINOL		P.O. BOX 83			
SUITE A-3 LARGO XL 34649-0053					
LARGO FL 34649-0053 US				DO NOT WRITE IN THIS SPACE	
US				3. Date Incorporated or Qualifed 02/21/1994	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26 /2600 Jenna	infa Bbu D	59-3229833	Not Applicable
		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
22		21			
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	Country	Zip Zarbo, Ec	Country	Trust Fund Contribution	
Zip			30 UJA	This corporation owes the current year Personal Property Tax.	Yes No
24	9. Name and Address of Curren		30 0 0 7 7	10. Name and Address of New Register	
	9. Name and Address of Curren	I Vedistered Adeire	81 Name	10.	
HUM	imer, jr robert p				
12600 SEMINOLE BLVD			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
STE	A3		83		
LARG	GO FL 33778				
			84 City	-	85 Zip Code
#4 Dusquant	to the provisions of Sections 607.050	2 and 607 1508 Florida Statute	s the above-named corp	oration submits this statement for the purpose	of changing its registered
				on's board of directors. I hereby accept the ap	pointment as registered
agent. 1 a	m familia with, and accept the obligat				
SIGNATURE	Signature, typed or printed name of registered agen	it and title if applicable. (NOTE:	Registered Agent signature require	d when reinstating) DATE	<u> </u>
12.	<u> </u>	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	Р	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HUMMER, JR ROBERT P		1.2 NAME	•	
STREET ADDRESS	40000 OFMINOLE BLVD, CHITE A O		1.3 STREET ADDRESS		l
CITY-ST-ZIP	LARGO FL		1.4 CFTY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		ļ
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		İ
100					

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:

STREET ADDRESS