

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
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90062 036 ***158.75

DOCUMENT # P94000035540

1. Corporation Name
SRS BUSINESS ENTERPRISES, INC.

Principal Place of Business

101 E KENNEDY BLVD
1760
TAMPA FL 33602
US

Mailing Address

101 E KENNEDY BLVD
1760
TAMPA FL 33602
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/09/1994

4. FEI Number

59-3243891

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☒ No

2. Principal Place of Business

21 501 E Kennedy Blvd.

2a. Mailing Address

26 501 E Kennedy Blvd.

Suite, Apt. #, etc.

22 Suite 1400

Suite, Apt. #, etc.

27 Suite 1400

City & State

23 Tampa, Fla.

City & State

28 Tampa, Fla.

Zip

24 33602

Country

25 USA

Zip

29 33602

Country

30 USA

9. Name and Address of Current Registered Agent

SMITH, DAVID L
101 E KENNEDY BLVD
STE 1760
TAMPA FL 33602

CHANGE OF
ADDRESS ONLY

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 501 E Kennedy Blvd.

84 Suite 1400

85 City Tampa

FL

86 Zip Code 33602

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1.5 CITY-ST-ZIP

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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.

SIGNATURE: David L. Smith, Registered Agent 4-27-99

813-287-1310

Date

Daytime Phone #

CR2E034 (11/98)