## 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 # P94000046185

1. Corporation Name

YBOR IGUANA, INC.

Principal Place	of Business	Mailing Address			T IN FILE FOR THE FOLLOWING BOTT ON THE BOTT BOTT BETT BEFORE THE THEORY AND A COMMUNICATION AND THE FOR	
•		1710 EAST SEVENTH AVENUE	1710 EAST SEVENTH AVENUE			
SUITE 1100 SUITE 1100						
		TAMPA FL 33605			DO NOT WRITE IN THIS SPACE	
US		US			3. Date Incorporated or Qualifed 06/17/1994	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For	
21		26			65-0526178 Not Applicat	ole
Suite, Apt. #, etc. Su		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired  \$8.75 Additional	
27		27			5. Certificate of Status Desired Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip Country		Zip			8. This corporation owes the current year Intangible	
24	25	29 30			Personal Property Tax. Yes No	
	<ol><li>9. Name and Address of Current</li></ol>	Registered Agent	<del> </del> -	т	10. Name and Address of New Registered Agent	
55.1	A ODANIA COANII/		81	Name		- 1
DE LA GRANA, FRANK			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)	
1710 EAST SEVENTH AVENUE						
SUITE 1100			83			
TAMPA FL 33605			84	City	FL 85 Zip Code	
		and CO7 1500 Florida Statutas H	20.000	0.000000		<del>d</del>
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					oursed when reinstating) DATE	
	Signature, typed or printed name of registered agent		<del>-</del>	nt signature requ	aured when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	,—
12.	P OFFICERS AND		13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	•	_	1.2 NAME			ļ
NAME	CALDERONI, RICHARD				•	- 1
STREET ADDRESS	4029 SOUTH WESTSHORE			T ADDRESS		-
CITY-ST-ZIP			1.4 C/TY-S	T-ZIP	☐ Change ☐ Add	ition
TITLE	VPST		2.1 TITLE		□ our do □ our	
NAME	GRANA, FRANK DE LA		2.2 NAME			
STREET ADDRESS	1710 EAST SEVENTH AVENUE			TADDRESS	of the state of th	
CITY-ST-ZIP	TAMPA FL		2. 4 CITY-5	ST-ZIP	☐ Change ☐ Add	ition
TITLE			3.1 TITLE		□ Change □ Aud	NO.
NAME			3.2 NAME			
STREET ADDRESS		:	3.3 STREE	T ADDRESS		ı
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP	D01 D444	11100
TITLE		☐ DELETE	4.1 TITLE		Change Add	luon
NAME		•	4. 2 NAME			ŀ
STREET ADDRESS		1	4.3 STREE	TADDRESS		
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	· · · · · · · · · · · · · · · · · · ·	$\Box$
TITLE			5.1 TITLE		☐ Change ☐ Add	แดก
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	TADDRESS		
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		
TITLE		<u> </u>	6.1 TITLE		☐ Change ☐ Add	IUON
NAME			6.2 NAME			

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

2-4-99 8/3 2480704

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90071 043 \*\*\*150.00