Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Yes

Not Applicable

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 # P94000047575

1. Corporation Name

Suite, Apt. #, etc.

City & State

22

23

24

Principal Place of Business	Mailing Address	
4229 N. TAMIAMI TRAIL SARASOTA FL 34234	4229 N. TAMIAMI TRAIL SARASOTA FL 34234	
2. Principal Place of Business	2a. Mailing Address	
Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	

27

28

Zip

City & State

29 9. Name and Address of Current Registered Agent

Country

DEVENYI, ZOLTAN
4229 N. TAMIAMI TRAIL
SARASOTA FL 34234

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90051 028 ***150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

- - -

06/20/1994 4. FEI Number

65-0503168

5.- Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

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

4229 N. TAMIAMI TRAIL			102	"	TOT POLITICAL (1 .O. DOX Main Ball to Hell		ļ	
SARASOTA FL 34234				\vdash				
				Ļ,			10-11-3	Code
			84	Ci	•	FL	11	
office or re	to the provisions of Sections 607.0502 and 607.1508, egistered agent, or both, in the State of Florida. Such on familiar with, and accept the obligations of, Section	change was autho	rized by	the o	med corporation submits this statement corporation's board of directors. I hereby	for the purpose of o y accept the appoin	hanging it tment as i	s registered egistered
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Page	stored Anen	t eign	ature required when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS	(NOTE: 1seg	13.	K sign	ADDITIONS/CHANGES	TO OFFICERS AND	DIRECT	ORS IN 12
TITLE		DELETE	1.1 TITLE			·	☐ Change	☐ Addition
	DEVENYI, ZOLTAN		1.2 NAME				_	
NAME	4229 N. TAMIAMI TRAIL	1	1.3 STREET	r anni	DEGG			
STREET ADDRESS					NESS			
CITY-ST-ZIP	SARASOTA FL	□ DELETE	1.4 CITY-ST 2.1 TITLE	T-ZIP			☐ Change	Addition
TITLE	31						onlange	
NAME	ERSEK, VILMOS		2.2 NAME					
STREET ADDRESS	4229 N. TAMIAMI TRAIL	-	2.3 STREE		RESS	ere e 🛖 e 🤸		
CITY-ST-ZIP	SARASOTA FL		2. 4 CITY-S	T-ZIP				
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CITY-ST-ZIP			3.4. CITY-S	T-ZIP				
TITLE		DELETE	4.1 TITLE				Change	□ Addition
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STREET ADDRESS		ľ	4.3 STREET	ADO	RESS			j
CITY-ST-ZIP	,		4.4 CITY-ST	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE				☐ Change	☐ Addition
NAME			5.2 NAME]			
STREET ADDRESS		. 1	5.3 STREET	TADDI	RESS			
CITY-ST-ZIP			5.4 CITY-ST	T- ZIP				
TITLE		DELETE	6.1 TITLE				☐ Change	☐ Addition
NAME		Į	6.2 NAME					
STREET ADDRESS		1	6.3 STREET	T ADDI	RESS			
CITY-ST-ZIP		I	6.4 CITY-S					
14. I hereby o	pertify that the information supplied with this filing does	not qualify for the	exempti	ion s	tated in Section 119.07(3)(i), Florida Statistical states in Section 119.07(3)(ii), Florida Statistical states in Section 119.07(3)(iii), Florida States in Section 119.07(3)(iii), Florida Statistical states in Section 119.07(3)(iii), Florida Statistical states in Section 119.07(3)(iii), Florida States in Section 119.07(3)(atutes. I further certi	fy that the oath; tha	information t I am an

Country

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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.