## 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 # P9400063108

1. Corporation Name

Principal Place of Business	Mailing Address
SCO CULFPORT BLVO COUTH	2502 ROCKY POINT DR
T-PETERSBURG FL-33707	660
	TAMPA FL 33607
	US

## FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90022 004 \*\*\*150.00

FHANBI	Z FL102, INC.								
Principal Plac	ce of Business	Mailing Address				1 (00:100) ((4:10)	(  BIBIT SBITT BETT SETT OF	(O D)(E0 }((S) ((S)	N SOURT PER 1401
SSCO CULFPOR	T BLVD COUTH 25	2502 ROCKY POINT DR	1						
ST PETERSBURG FL -93707 660					_				
	TAMPA FL 33607 US					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified			
j		US				1	or Qualited		ļ
5-11	Near of Dusiness	a Mailing Addross		—		08/24/1994 4 FEI Number		<del></del>	Applied For
حد ∹	Place of Business Ot Dr.	2a. Mailing Address				59-3269923		<b>⊢-</b> }-	Not Applicable
Suite, Apt.	# ats	Suite, Apt. #, etc.		—		39-3209923			Additional
22	640	27	r <del>- </del>			5 Certifcate of Statu	s Desired		Required
City & Sta	te	City & State				6. Election Campaign	n Financing —	\$5.00	0 May Be
23 70	maa tz	28				Trust Fund Contril	- 1		to Fees
Zip	Country	Zip	Col	untry		a This corporation of	wes the current year	Intangible	
24 336	07 25 MIUSA	29	30			Personal Property	_	Yes	□No
	9. Name and Address of Curre					10. Name and Addre	ss of New Registere	d Agent	
				81	Name				
	WFORD, ELIZABETH			82	Street Add	Iress (P.O. Box Number is	Not Acceptable)		
	CENTRAL AVE SUITE B							<u></u>	
ST	PETERSBURG FL 33707			83					1
				84	City		<del> </del>	. 85 Zip	Code
				55	Oity	·	F		
office or agent. I a SIGNATURE	registered agent, or both, in the Stat am familiar with, and accept the oblig Signature, typed or printed name of registered as	gations of, Section 607.0505,	Florida Stat	tutes.	· 	ed when reinstating)	DATE		
12.		AND DIRECTORS	13.	ng	t algination or organi		GES TO OFFICERS	AND DIRECT	ORS IN 12
TITLE	PD	☐ DELETE		ITLE		785777017019777114	020 10 011102114	Change	
NAME	GORDON, KENNETH A.		1.2 N	IAME					
STREET ADDRESS		660	1.3 S	TREET	ADDRESS				
CITY-ST-ZIP	TAMPA FL 33607			ITY-ST	,		•		
TITLE	ST	☐ DELETE							
NAME	GORDON, JANE M.							Change	Addition
STREET ADDRESS	AFAA BOOKK BOILT DD #AA		2.2 N					Change	Addition
CITY-ST-ZIP	SI ZOUZ NOOKI FOIRI DR WOO	)		IAME	ADDRESS	<del>.</del>		☐ Change	Addition
	TAMPA FL-33607	) 	2.3 S	IAME	ľ	· · · · · · · · · · · · · · · · · · ·		Change	Addition
TITLE		0 DELETE	2.3 S	IAME STREET CITY-ST	ľ			☐ Change	
TITLE NAME			2.3 S	IAME STREET CITY-ST TTLE	ľ				
	TAMPA FL-33607		2.3 S <sup>2</sup> 2.74 C 3.1 TI 3.2 N	IAME STREET CITY-ST TTLE IAME	ľ	w. * * . s*			
NAME STREET ADDRESS	TAMPA FL-33607		2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S	IAME STREET CITY-ST TTLE IAME	ADDRESS				
NAME	TAMPA FL-33607		2.3 S 2.74 C 3.1 TI 3.2 N 3.3 S 3.4. C	IAME STREET CITY-ST TILE IAME STREET	ADDRESS				e Addition
NAME STREET ADDRESS CITY-ST-ZIP	TAMPA FL-33607	□ DELETE	2.3 S 2.74 C 3.1 TI 3.2 N. 3.3 S 3.4 C 4.1 TI	IAME STREET CITY-ST TILE IAME STREET	ADDRESS	· · · · · · · · · · · · · · · · · · ·		∵ - Change	e Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	TAMPA FL-33607	□ DELETE	23 S 2.4 C 3.1 TI 32 N 3.3 S 3.4 C 4.1 TI 4.2 N	TAME STREET CITY-ST TILE LAME STREET CITY-ST TILE NAME	ADDRESS	· · · · · · · · · · · · · · · · · · ·		∵ - Change	e Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	TAMPA FL-33607	□ DELETE	23 S 2.4 C 3.1 TI 32 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S	TAME STREET CITY-ST TILE LAME STREET CITY-ST TILE NAME	ADDRESS T-ZIP ADDRESS			☐ Change	e Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TAMPA FL-33607	□ DELETE	23 S 2:44 C 3.1 TI 3.2 N. 3.3 S 3.4 C 4.1 TI 4.2 N. 4.3 S 4.4 C	TAME STREET STILE STREET STREET STILE NAME STREET STREET STREET STREET	ADDRESS T-ZIP ADDRESS			∵ - Change	e Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAMPA FL-33607	☐ DELETE	23 S 2:44 C 3.1 TI 3.2 N. 3.3 S 3.4 C 4.1 TI 4.2 N. 4.3 S 4.4 C	AME STREET CITY-ST TILE LAME STREET CITY-ST TILE CITY-ST TILE TILE CITY-ST	ADDRESS T-ZIP ADDRESS			☐ Change	e Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	TAMPA FL-33607	☐ DELETE	23 S 274 C 3.1 TI 32 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S 4.4 C 5.1 TI 5.2 N	IAME STREET OTY-ST TILE IAME STREET OTY-ST TILE NAME STREET OTY-ST TILE IAME	ADDRESS T-ZIP ADDRESS			☐ Change	e Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	TAMPA FL-33607	☐ DELETE	2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S 4.4 C 5.1 TI 5.2 N 5.3 S	IAME STREET OTY-ST TILE IAME STREET OTY-ST TILE NAME STREET OTY-ST TILE IAME	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP			☐ Change	e Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TAMPA FL-33607	☐ DELETE	2.3 S 2.14 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S 4.4 C 5.1 TI 5.2 N 5.3 S 5.4 C 5.4 C	AME STREET TILE AME STREET	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP			☐ Change	Addition  Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	TAMPA FL-33607	☐ DELETE	2.3 S 2.14 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S 4.4 C 5.1 TI 5.2 N 5.3 S 5.4 C 5.4 C	AME STREET TILE AME STREET	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP			Change	Addition  Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TOTALE	TAMPA FL-33607	☐ DELETE	23 S 274 C 3.1 TI 32 N 33 S 34. C 4.1 TI 4. 2 N 4.3 S 4.4 C 5.1 TI 5.2 N 5.3 S 5.4 C 6.1 TI 6.2 N	AME TREET TILE LAME TREET TITLE NAME TREET TITLE LAME TITLE TITLE LAME LAME LAME LAME LAME LAME LAME LA	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP			Change	Addition  Addition

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 of 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 conforation or the receiper 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 for on an attachment with an address, with all other like empowered.

SIGNATURE: