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 # P94000067827

1. Corporation Name

	=	1
2106 SEAMAN RD TAMPA FL 33612	P O BOX 271111 TAMPA FL 33688 US	3. Da
2. Principal Place of Business	2a. Mailing Address	09 4. FE
2. Principal Place of Business 11 2/06 SEAMAN Rd	26 P.O. Boy 27/488 Suite, Apt. #, etc.	5
Suite, Apt. #, etc.	27	5. Ce
City & State	City's State	6. Ele

Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90091 050 ***150.00



Principal Place of Business	Mailing Address						
2106 SEAMAN RD P O BOX 271111 TAMPA FL 33612 TAMPA FL 33688 US			DO NOT WRITE IN THIS SPACE				
				3. Date Incorporated or Qualifed 09/12/1994			
2. Principal Place of Business A 106 SEAMAN Rd	2a. Mailing Address 26 P.O. Boy 27	14	88	4. FEI Number 59-3271616		Applied For Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	•	75 Additional e Required	
City & State 13 IAMPA FL	City's State 28 / AmpA FC			6. Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees	
Zip Country 4 33612 25 USA	Zip 33488 30 Cc	untry U -	 SA	This corporation owes the current year Personal Property Tax.	Intangible Yes	□No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
SUMNER, CARL 2106 SEAMAN-RD TAMPA FL 33612		81	Name Street Addr	ess (P.O. Box Number is Not Acceptable)			
		83			•		
		84	City	F	L	Zip Code	
 Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the obliga 	of Florida. Such change was authorize	ed by	tne corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changin pointment a	g its registered as registered	
SIGNATURE	of and title if applicable (NOTE: Register	ed Agen	t signature require	d when reinstating) DATE			

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE:	Registered Agent signature require	ed when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS	13,	ADDITIONS/CHANGES TO C	FFICERS AND DIRECTO	RS IN 12
TITLE	D DELETE	1.1 TITLE	···	Change	Addition
NAME	SUMNER, CARL	1.2 NAME			
STREET ADDRESS	2106 SEAMAN RD	1.3 STREET ADDRESS			ì
CITY-ST-ZIP	TAMPA FL 33612	1.4 CITY-ST-ZIP			
TITLE	☐ DELETE	2.1 TITLE		☐ Change	Addition
NAME		2.2 NAME			•
STREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP		2. 4 C/TY-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			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		6.4 CITY-ST-ZIP			

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: