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. ~ PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000068877**

FILED Jan 28, 1999 8:00am **Secretary of State**

01-28-1999 90043 031 ***150.00

TEAM AD	OVISORY CORPORATE, IN	.								
Principal Place	of Business	, Mai	iling Address					1 13011001 (ch 10:1)	, #(181 (2 12) 12)((1881) ISBI ISBI
1180 SPRING CENTRE S. BLVD #116 1180 SPRING CENTRE S. BLV ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 327					# 116			, DO NOT WRITE IN THI	S SPACE	
		•						3. Date Incorporated or Qualifed 09/13/1994		· .
2. Principal Pla	ace of Business	2a.	Mailing Address			_		4. FEI Number	· }	plied For
21		26	0.74.0.4.74.				.	59-3266289		ot Applicable
Suite, Apt. 4	#, etc.		Suite, Apt. #, etc.					5. Certificate of Status Desired	7 -	equired
City & State	<u> </u>	27	City & State					6. Election Campaign Financing	\$5.00	May Be
23	•	28	•					Trust Fund Contribution	Added	
Zip	Country		Zip		ountry			8. This corporation owes the current year Ir		□N-
24	25	29		30	- -			Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	ent Regist	ered Agent		81	Name		10. Name and Address of New Registered	- Afeig	
01771	uti, stephen D		35, 2° 3° 3°							 -
1120	SPRING CENTRE S. BLVD., #	116			82	Street	Addres	ss (P.O. Box Number is Not Acceptable)		(A) () () () () ()
	MONTE SPRINGS FL 32714				83					3 (3)
					84	City			85 Zip	Code
					l'i	1 1		FI FI		
agent. I ai	m tamillar with, and accept the obliq	galions or,	3ection 007.0303, 1 h	onda ot	(CIOICO	•		ration submits this statement for the purpose of s board of directors. I hereby accept the appearance of the purpose of the pu	or changing its	registered egistered
agent. I ai	Signature, typed or printed name of registered a OFFICERS A	gent and title if	applicable. (NOT	E: Register	ared Agen 3.	•				
agent. I all SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered a OFFICERS A D PIZZUTI, STEPHEN D	gent and title if	applicable. (NOT	E: Register . 1:1	ared Agen 3. 1 TITLE 2 NAME	nt signature n		when reinstating) DATE	ND DIRECTO	ORS IN 12
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the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of the same legal effect as if made under oath; that I am an effect this report as required by Chapter 607, Florida Statutes; and that my name appears in other like empowered. 14. I hereby certify that the information supplied with this filing does not gda indicated on this annual report or supplemental annual report is to apply officer or director of the corporation or the receiver or trustee empowered Block 12 or Block 13 if changed, or on an attachment with an address, yet