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 # P94000072332

CAROL K. MILLER - LCSW INCORPORATED

Director Class of Durings						- L SMAIKERI SIM IMIIK MINII MAISI MKSII MMIII KAI)	IND INDI LEGI
Principal Place of Business Mailing Address									
516 LAKEVIEW RD 2987 62ND AVE S									
VILLA #9 ST PETERSBURG FL 33712									
CLEARWATER FL 33756 US						DO NOT WRITE IN TH	IS SPACE		
US						3. Date Incorporated or Qualifed			
	·	·				09/28/1994			
2. Principal Place of Business - 2a. Mailing Address						4. FEI Number		App	lied For
21						65-0531219		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						- unit parameter and a	\$8	75 A	iditional
22						5. Certifcate of Status Desired		e Req	
City & State City & State						- 			
-, · · · · · - · · · · · · · · · · · · · · · · · · ·						6. Election Campaign Financing			lay Be
23						Trust Fund Contribution	Ad	ded to	Fees
Zìp	Country Zip C			Country 8. This corporation owes the current year Intang			ntangible		
24	25 29 30			Personal Property Tax. ☑ Yes □ No					∃No
	9. Name and Address of Current		·			10. Name and Address of New Registere	d Agent		
· · · · · · · · · · · · · · · · · · ·		116 311	- 18	31	Name	.v. Hame and Hadreds of How Hogisters	a rigoin		
ΙΔΝ	TOS FOWARD I		1	٠.	, voine				ł
					Street Addre	ess (P.O. Box Number is Not Acceptable)			
EDD. DEIAD MICE. COOM				32			, , , , , , , , , , , , , , , , , , , ,		
ST. PETERSBURG FL			8	33					
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-		•	8	34	City	-	85	Zip Co	ode
and the state	100	ger r i r y i r				<u>F</u>			
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the abo	ove-	named corpo	oration submits this statement for the purpose	of changin	g its r	egistered
office or i	registered agent, or both, in the State o im familiar with, and accept the obligati	t Florida. Such change was aut one of Section 607,0505. Florid	horized b	by th	ne corporatio	n's board of directors. I hereby accept the app	ointment a	is regi	stered
13.5		ona on, occiton dor lococ, i lonic	Ja Otaluti	63.					ĺ
SIGNATURE	Signature, typed or printed name of registered agent								
				gent s	signature required	when reinstating) , DATE			
12.			-	13		ADDITIONS/CHANGES TO OFFICERS /			
TITLE	D	. DELETÉ	1.1 TITLE	E			Cha	nge	☐ Addition
NAME .	MILLER, CAROL K		1.2 NAMI	E					1
STREET ADDRESS	516 LAKEVIEW RD, VILLA 9		135700	EFT A	DDRESS				
	OLEADWATED EL 00750								
CITY-ST-ZIP			1.4 CITY		ZIP		F7 01-		
TITLE	- · · · · · · · · · · · · · · · · · · ·		2.1 TITLE	E	J		Cha	nge	☐ Addition
NAME	Warren, George L		2.2 NAME	Ē	İ				
STREET ADDRESS	516 LAKEVIEW RD, VILLA 9		2.3 STRE	2.3 STREET ADDRESS		•			
	CLEARWATER FL 33756		2.4 City-St-ZIP						
CITY-ST-ZIP					.ZIP				C3.1.188
TITLE	koa, someno e	DELETE	3.1 TITLE	E			☐ Cha	nge	Addition
NAME	Last Land		3.2 NAME	Ε					į
STREET ADDRESS	TO SERVICE OF THE SER	•	3.3 STRE	EETA	ODRESS		,		
∴ 1	(教育国际政府联系)							,	
CITY-ST-ZIP	 		3.4. CITY		- <u>ZIP</u>		- [] Cha	200	Addition
TITLE		C) DECEIE	4.1 TITLE			• •	. □ cua	ige ~	
NAME	leg≄ s		4. 2 NAM	Œ					j
STREET ADDRESS			4.3 STRE	ETA	DORESS				i
CITY-ST-ZIP	• *** · · ·		4,4 CITY-						
TITLE		DELETE	5.1 TITLE				☐ Cha	nne	Addition
					1			.gc	
NAME			5.2 NAME						
STREET ADDRESS			5.3 STRE	ETA	DORESS				
CITY-ST-ZIP			5.4 CITY-	-ST-Z	ZIP				
TITLE	ROLL OF THE STREET	DELETE	6.1 TITLE				☐ Cha	nge	Addition
	000 LATE 1 TO 1		6.2 NAME						
NAME	mran kilosi								
STREET ADDRESS	O SECRETARIO H		6.3 STRE	ETA	DDRESS				ļ
CITY OF 710	THE CONTROL OF STREET		64 CITY-	er 7	710				}

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.

6.4 CITY-ST-ZIP

FILED

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90017 036 ***150.00

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