Feb 18, 1999 8:00 am Secretary of State

02-18-1999 90049 049 \*\*\*150.00

## 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 # P9400078969

1. Corporation Name

ASSET ACCUMULATION & CONSERVATION, INC.

Principal Place of Business		Maili	ng Address					1		<b>                                    </b>	110  0	¥ (81)# 8	1510 1817 1887
400 N. ASHLEY DRIVE		400 h	400 N. ASHLEY DRIVE										
SUITE 3025			SUITE 3025					DO NOT WRITE IN THIS SPACE					
TAMPA FL 33602		IAMP	TAMPA FL 33602					3. Date Incorporated or Qualifed					
								"	10/27/1994				
2. Principal Pl	lace of Business	2a. N	/ailing Address					4.	FEI Number		T	App	lied For
21		26	_						65-0548470			Not	Applicable
Suite, Apt.	#, etc.	s	uite, Apt. #, etc.						Certificate of Status Desired		•		dditional
22		27						5.	Certificate of Otatas Besired		F	ee Rec	uired
City & State			City & State					6.	Election Campaign Financin	g 🖂			/lay Be
23		28							Trust Fund Contribution			ded to	Fees
Zip	Country	Z	.ip	Cou	ntry			1	This corporation owes the c	urrent year Int			<b>⊒</b> 1√0
24	25	29		30					Personal Property Tax.  Name and Address of New	. Desistered	☐ Ye	5 ,0	
	9. Name and Address of Curr	ent Registe	red Agent		81	Na	me	10.	Name and Address of Nev	v Registered	Agent		
aus aus	IAWSKI, DIANE M				01	INA	illie						
	N. ASHLEY DRIVE				82	Ştr	reet Addr	ress (P.	O. Box Number is Not Acce	ptable)			
	TE 3025				83								·
	PA FL 33602				83								
174	A TE COOL				84	Cit	ty			FL	85	Zip C	ode
	to the provisions of Sections 607.05	E00 C07	1509 Elorido Stol	utoc the o		- nar	med com	oration	eubmite this statement for t		changi	na its r	egistered
i 11 Pursuanti	to the provisions of Sections 607.03	DUZ and but	. 1006, Fibilida Stat	utes, the a	DOAG			voi auvi i		ne parpose or	0110, 9		
office or re	edistared agent or both in the Stat	te of Florida.	Such change was	authorized	Ιbντ	tne c	corporatio	on's bo	eard of directors. I hereby ac	cept the appoi	ntment	as reg	istered
office or re	egistered agent, or both, in the Stat m familiar with, and accept the obliq	te of Florida. igations of, S	Such change was	authorized	Ιbντ	tne c	corporatio	on's bo	pard of directors. I hereby acc	cept the appoi	ntment	as reg	istered
office or re	egistered agent, or both, in the Stat m familiar with, and accept the obli	gations of, S	. Such change was section 607.0505, F	authorized Torida Stati	ıtes.	tne c	corporatio	on s bo	pard of directors. I hereby act	DATE DATE	ntment 	as reg	istered
office or re agent. I as SIGNATURE	registered agent, or both, in the Stat m familiar with, and accept the oblig Signature, typed or printed name of registered a	gations of, S	Such change was section 607.0505, F	authorized lorida Stati	ıtes.	tne c	corporatio	on S DO	einstating)	DATE DATE		as reg	
office or reagent. I as SIGNATURE	egistered agent, or both, in the Stat m familiar with, and accept the oblig Signature, typed or printed name of registered a OFFICERS A	gations of, S	Such change was section 607.0505, F	authorized Torida Stati	Agent	tne c	corporatio	on S DO	pard of directors. I hereby act	DATE DATE		ECTO	
office or reagent. I as SIGNATURE	egistered agent, or both, in the Stat m familiar with, and accept the oblig  Signature, typed or printed name of registered a  OFFICERS A	gations of, S	Such change was lection 607.0505, F oplicable. (NC	authorized lorida Stati	Agent	tne c	corporatio	on S DO	einstating)	DATE DATE	ID DIR	ECTO	RS IN 12
office or reagent. I as SIGNATURE  12.  TITLE  NAME	egistered agent, or both, in the Stat m familiar with, and accept the oblig  Signature, typed or printed name of registered a  OFFICERS A  D  BORAWSKI, JOHN R	gations of, S	Such change was lection 607.0505, F oplicable. (NC	TE: Registered  13.  1.1 TF	Agent	t signa	ature required	on S DO	einstating)	DATE DATE	ID DIR	ECTO	RS IN 12
office or ragent. I as SIGNATURE  12. TITLE NAME STREET ADDRESS	egistered agent, or both, in the Stat m familiar with, and accept the oblig  Signature, typed or printed name of registered a  OFFICERS A  D  BORAWSKI, JOHN R  400 N. ASHLEY DRIVE, SUIT	gations of, S	Such change was lection 607.0505, F oplicable. (NC	TE: Registered  13.  1.1 TI  1.2 N/  1.3 SI	Agent	the C	ature required	on S DO	einstating)	DATE DATE	ID DIR	ECTO	RS IN 12
office or reagent. I as SIGNATURE  12.  TITLE  NAME	egistered agent, or both, in the Stat m familiar with, and accept the oblig  Signature, typed or printed name of registered a  OFFICERS A  D  BORAWSKI, JOHN R  400 N. ASHLEY DRIVE, SUIT TAMPA FL 33602	gations of, S	Such change was lection 607.0505, F oplicable. (NC	TE: Registered  13.  1.1 TI  1.2 N/  1.3 SI	Agent TLE AME REET	the C	ature required	on S DO	einstating)	DATE DATE	ID DIR	ECTOF	RS IN 12
office or reagent. I as SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the Stat m familiar with, and accept the oblig  Signature, typed or printed name of registered a  OFFICERS A  D  BORAWSKI, JOHN R  400 N. ASHLEY DRIVE, SUIT TAMPA FL 33602  D	gations of, S	Such change was lection 607.0505, F	TE: Registered  13. 1.1 TF 1.2 N/ 1.3 ST 1.4 CF	Agent TLE AME REET. TY-ST	the C	ature required	on S DO	einstating)	DATE DATE	ID DIR	ECTOF	RS IN 12
office or ragent. I as SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the Stat m familiar with, and accept the oblig  Signature, typed or printed name of registered a  OFFICERS A  D  BORAWSKI, JOHN R  400 N. ASHLEY DRIVE, SUIT TAMPA FL 33602  D  BORAWSKI, DIANE M	gations of, S agent and title if a AND DIREC	Such change was lection 607.0505, F	TE: Registered  13. 1.1 TF 1.2 N/ 1.3 ST 1.4 CF 2.1 TF	Agent TLE AME REET. TY-ST	the C	ature required	on S DO	einstating)	DATE DATE	ID DIR	ECTOF	RS IN 12
office or reagent. I as SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the Stat m familiar with, and accept the oblig  Signature, typed or printed name of registered a  OFFICERS A  D  BORAWSKI, JOHN R  400 N. ASHLEY DRIVE, SUIT TAMPA FL 33602  D  BORAWSKI, DIANE M  400 N. ASHLEY DRIVE, SUIT	gations of, S agent and title if a AND DIREC	Such change was lection 607.0505, F	13. 1.1 TF 1.2 N/C 2.1 TF 2.2 N/C 2.3 ST	Agent TLE AME TEST TLE AME	ADDF	ature required RESS	on S DO	einstating)	DATE DATE	ID DIR	ECTOF	RS IN 12
office or ragent. I as SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the Stat m familiar with, and accept the oblig  Signature, typed or printed name of registered a  OFFICERS A  D  BORAWSKI, JOHN R  400 N. ASHLEY DRIVE, SUIT TAMPA FL 33602  D  BORAWSKI, DIANE M	gations of, S agent and title if a AND DIREC	Such change was lection 607.0505, F	13. 1.1 TF 1.2 N/C 2.1 TF 2.2 N/C 2.3 ST	Agent TLE AME REET. TY-ST TLE REET. TY-ST TLE TY-ST TLE TY-ST TLE TY-ST	ADDF	ature required RESS	on S DO	einstating)	DATE DATE	ID DIR	ECTOR ange	RS IN 12
office or it agent. I ai SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	egistered agent, or both, in the Stat m familiar with, and accept the oblig  Signature, typed or printed name of registered a  OFFICERS A  D  BORAWSKI, JOHN R  400 N. ASHLEY DRIVE, SUIT TAMPA FL 33602  D  BORAWSKI, DIANE M  400 N. ASHLEY DRIVE, SUIT	gations of, S agent and title if a AND DIREC	Such change was ection 607.0505, F	13. 1.1 TF 1.2 NV 1.3 S1 1.4 CF 2.1 TF 2.2 NV 2.3 S1 2.4 CF	Agent TLE AME REET TLE TLE TLE TLE	ADDF	ature required RESS	on S DO	einstating)	DATE DATE	ID DIR	ECTOR ange	RS IN 12 Addition
office or it agent. I as SIGNATURE  12. TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the Statm familiar with, and accept the oblig Signature, typed or printed name of registered a OFFICERS A D BORAWSKI, JOHN R 400 N. ASHLEY DRIVE, SUIT TAMPA FL 33602 D BORAWSKI, DIANE M 400 N. ASHLEY DRIVE, SUIT TAMPA FL 33602	gations of, S agent and title if a AND DIREC	Such change was ection 607.0505, F	13. 1.1 TT 1.2 N/ 1.3 S1 1.4 CF 2.1 TT 2.2 N/ 2.3 ST 2.4 CC 3.1 TT 3.2 N/	Agent TLE AME REET TLE TLE TLE TLE	the C	ature requires	on S DO	einstating)	DATE DATE	ID DIR	ECTOR ange	RS IN 12 Addition
office or it agent. I ai SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the Statm familiar with, and accept the oblig Signature, typed or printed name of registered a OFFICERS A D BORAWSKI, JOHN R 400 N. ASHLEY DRIVE, SUIT TAMPA FL 33602 D BORAWSKI, DIANE M 400 N. ASHLEY DRIVE, SUIT TAMPA FL 33602	gations of, S agent and title if a AND DIREC	Such change was ection 607.0505, F	13. 1.1 TT 1.2 N/ 1.3 ST 1.4 CF 2.1 TT 2.2 N/ 2.3 ST 2.4 CC 3.1 TT 3.2 N/ 3.3 ST	Agent TLE AME REET TLE TY-ST TLE REET TTY-ST TLE TTY-ST TLE	TADDE	ature requires RESS	on S DO	einstating)	DATE DATE	ID DIR	ECTOR ange	RS IN 12 Addition Addition
office or reagent. I as SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	egistered agent, or both, in the Statm familiar with, and accept the oblig Signature, typed or printed name of registered a OFFICERS A D BORAWSKI, JOHN R 400 N. ASHLEY DRIVE, SUIT TAMPA FL 33602 D BORAWSKI, DIANE M 400 N. ASHLEY DRIVE, SUIT TAMPA FL 33602	gations of, S agent and title if a AND DIREC	Such change was ection 607.0505, F	13. 1.1 TT 1.2 N/ 1.3 ST 1.4 CF 2.1 TT 2.2 N/ 2.3 ST 2.4 CC 3.1 TT 3.2 N/ 3.3 ST	Agent TLE AME REET TY-ST TLE TY-ST TLE TY-ST TLE TY-ST TLE TY-ST TILE TY-ST TILE TY-ST TILE TY-ST TILE	TADDE	ature requires RESS	on S DO	einstating)	DATE DATE	ID DIR	ECTOF lange	RS IN 12 Addition
office or it agent. I ai SIGNATURE  12.  TITLE 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	egistered agent, or both, in the Statm familiar with, and accept the oblig Signature, typed or printed name of registered a OFFICERS A D BORAWSKI, JOHN R 400 N. ASHLEY DRIVE, SUIT TAMPA FL 33602 D BORAWSKI, DIANE M 400 N. ASHLEY DRIVE, SUIT TAMPA FL 33602	gations of, S agent and title if a AND DIREC	Such change was ection 607.0505, F	13. 1.1 TT 1.2 N/ 1.3 S1 1.4 CF 2.1 TT 2.2 N/ 2.3 ST 2.4 CC 3.1 TT 3.2 N/ 3.3 S1 3.4. C	Agent TLE AME REET TY-ST TLE AME REET TY-ST TLE TTY-ST TLE TTY-ST TLE TTY-ST TLE	TADDE	ature requires RESS	on S DO	einstating)	DATE DATE	ID DIR	ECTOF lange	RS IN 12 Addition Addition Addition
office or it agent. I ai SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the Stat m familiar with, and accept the oblig  Signature, typed or printed name of registered a  OFFICERS A  D  BORAWSKI, JOHN R  400 N. ASHLEY DRIVE, SUIT TAMPA FL 33602  D  BORAWSKI, DIANE M  400 N. ASHLEY DRIVE, SUIT TAMPA FL 33602	gations of, S agent and title if a AND DIREC	Such change was ection 607.0505, F	13. 1.1 TI 1.2 N/ 1.3 SI 1.4 Cf 2.1 TI 2.2 N/ 2.3 SI 2.4 C 3.1 TI 3.2 N/ 3.3 SI 3.4. C 4.1 TI 4.2 N	Agent TLE AME REET TY-ST TLE AME REET TY-ST TLE TTY-ST TLE TTY-ST TLE TTY-ST TLE	TADDE	eture require	on S DO	einstating)	DATE DATE	ID DIR	ECTOF lange	RS IN 12 Addition Addition Addition
office or it agent. I at agent	egistered agent, or both, in the Stat m familiar with, and accept the oblig  Signature, typed or printed name of registered a  OFFICERS A  D  BORAWSKI, JOHN R  400 N. ASHLEY DRIVE, SUIT TAMPA FL 33602  D  BORAWSKI, DIANE M  400 N. ASHLEY DRIVE, SUIT TAMPA FL 33602	gations of, S agent and title if a AND DIREC	Such change was ection 607.0505, F	13. 1.1 TI 1.2 NV 1.3 SI 1.4 CI 2.1 TI 2.2 NV 2.3 SI 2.4 CC 3.1 TI 3.2 NV 3.3 SI 3.4 . C 4.1 TI 4. 2 N 4.3 SI	Agent TLE AME REET TLE AME REET TLE AME REET TLE AME TREET TLE AME TREET TLE AME	ADDF	eture require	on S DO	einstating)	DATE DATE		ECTOR ange	RS IN 12 Addition Addition Addition
office or it agent. I ai SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	egistered agent, or both, in the Stat m familiar with, and accept the oblig  Signature, typed or printed name of registered a  OFFICERS A  D  BORAWSKI, JOHN R  400 N. ASHLEY DRIVE, SUIT TAMPA FL 33602  D  BORAWSKI, DIANE M  400 N. ASHLEY DRIVE, SUIT TAMPA FL 33602	gations of, S agent and title if a AND DIREC	Such change was ection 607.0505, F	13. 1.1 TI 1.2 NV 1.3 SI 1.4 CI 2.1 TI 2.2 NV 2.3 SI 2.4 CC 3.1 TI 3.2 NV 3.3 SI 3.4 . C 4.1 TI 4. 2 N 4.3 SI	Agent ILE AME REET ITY-ST ILE AME REET ITY-ST ITLE AME IREET ITY-ST ILE AME IREET ITY-ST ITY-ST ITE ITY-ST	ADDF	eture require	on S DO	einstating)	DATE DATE	ID DIR	ECTOR ange	RS IN 12 Addition Addition Addition
office or it agent. I ai SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the Stat m familiar with, and accept the oblig  Signature, typed or printed name of registered a  OFFICERS A  D  BORAWSKI, JOHN R  400 N. ASHLEY DRIVE, SUIT TAMPA FL 33602  D  BORAWSKI, DIANE M  400 N. ASHLEY DRIVE, SUIT TAMPA FL 33602	gations of, S agent and title if a AND DIREC	Control Delete	13. 1.1 TI 1.2 N/ 1.3 SI 1.4 CI 2.1 TI 2.2 N/ 2.3 SI 2.4 C 3.1 TI 3.2 N/ 3.3 SI 3.4. C 4.1 TI 4.2 N/ 4.3 SI 4.4 CI	Agent TLE AME REET TLE AME REET TITLE AME REET TITLE AME TREET TITLE	ADDF	eture require	on S DO	einstating)	DATE DATE		ECTOR ange	RS IN 12 Addition Addition Addition
office or reagent. I as SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the Stat m familiar with, and accept the oblig  Signature, typed or printed name of registered a  OFFICERS A  D BORAWSKI, JOHN R 400 N. ASHLEY DRIVE, SUIT TAMPA FL 33602  D BORAWSKI, DIANE M 400 N. ASHLEY DRIVE, SUIT TAMPA FL 33602	gations of, S agent and title if a AND DIREC	Control Delete	13. 1.1 TI 1.2 N/ 1.3 SI 1.4 CI 2.1 TI 2.2 N/ 2.3 SI 2.4 C 3.1 TI 3.2 N/ 3.3 SI 3.4. C 4.1 TI 4. 2 N 4.3 SI 4.4 CI 5.1 TI 5.2 N/	Agent TLE AME REET TLE AME REET TITLE AME REET TITLE AME TREET TITLE	TADDET ADDET	RESS RESS	on S DO	einstating)	DATE DATE		ECTOR ange	RS IN 12 Addition Addition Addition
office or it agent. I ai SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	egistered agent, or both, in the Stat m familiar with, and accept the oblig  Signature, typed or printed name of registered a  OFFICERS A  D BORAWSKI, JOHN R 400 N. ASHLEY DRIVE, SUIT TAMPA FL 33602  D BORAWSKI, DIANE M 400 N. ASHLEY DRIVE, SUIT TAMPA FL 33602	gations of, S agent and title if a AND DIREC	DELETE   DELETE   DELETE   DELETE	13. 1.1 TI 1.2 NV 1.3 SI 2.4 CC 3.1 TI 3.2 NV 3.3 SI 3.4. CC 4.1 TI 4. 2 N 4.3 SI 4.4 CI 5.1 TI 5.2 NV 5.3 SI 5.4 CC 5.1 TI 5.2 NV 5.3 SI 5.4 CC	Agent TLE AME TY-ST TLE AME TTY-ST TLE TTY-ST TLE TTY-ST TLE TTY-ST TLE TTY-ST TLE TTY-ST TLE TTY-ST TTY-ST TTY-ST	It signs It signs It signs IT ADDF IT ZIP IT ADDF IT ADDF IT ADDF IT ADDF IT ADDF IT ADDF	RESS RESS	on S DO	einstating)	DATE DATE		ECTOR ange	RS IN 12 Addition Addition Addition Addition
office or it agent. I ai SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	egistered agent, or both, in the Stat m familiar with, and accept the oblig  Signature, typed or printed name of registered a  OFFICERS A  D BORAWSKI, JOHN R 400 N. ASHLEY DRIVE, SUIT TAMPA FL 33602  D BORAWSKI, DIANE M 400 N. ASHLEY DRIVE, SUIT TAMPA FL 33602	gations of, S agent and title if a AND DIREC	Control Delete	13. 1.1 TI 1.2 NV 1.3 SI 2.4 CC 3.1 TI 3.2 NV 3.3 SI 3.4. CC 4.1 TI 4. 2 N 4.3 SI 4.4 CI 5.1 TI 5.2 NV 5.3 SI	Agent TLE AME REET TY-ST TLE AME REET TTY-ST TLE AME REET TY-ST TLE AME TY-ST TLE TY-ST TLE TY-ST TLE	It signs It signs It signs IT ADDF IT ZIP IT ADDF IT ADDF IT ADDF IT ADDF IT ADDF IT ADDF	RESS RESS	on S DO	einstating)	DATE DATE		ECTOR ange	RS IN 12 Addition 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 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

SIGNATURE:

STREET ADDRESS