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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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

04-14-1999 90023 029 ***150.00

DOCUMENT # POACOCORORS2

1. Corporation Name GIRAFFE ENTERPRISES, INC.	J0 3 032
Principal Place of Business	Mailing Add
1419 WEST WATERS AVENUE SUITE 104 TAMPA FL 33604	1419 WEST V SUITE 104 TAMPA FL 33
2. Principal Place of Business 21 6909 N. Rome Ave.	2a. Mailing A
Suite, Apt. #, etc.	Suite, Ap
City & State	City & S

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1419	WEST	WATERS	A۷

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2. Principal Place of Business 2. Malling Address 3. Fell Number 3. CAOO N. Rome Ave. 28 GOOON. Rome Ave. 593285972
Suite, Apt. #, etc. Scriticate of Status Desired \$8.75 Additional City & State City
Suite, Apt. #, etc. Suite, Apt. #, etc. S. Certificate of Status Desired Fee Required City & State Country Cou
City & State 23 Tompa, FL 24 Tompa, FL 25 Country 25 Country 26 Stable 27 Country 27 Country 28 Tours of Country 29 Sacret Agent WERNICK, JEFFREY S 1419 W WATERS AVE SUITE 104 TAMPA FL 33604 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the absorbed office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE PSTD OPEIETS AND DIRECTORS 11. Time PSTD DELETE 12. OFFICERS AND DIRECTORS 14. Super Adve. 15. Mare and Address of New Registered Agent Trust Fund Contribution Trust Fund Contribution Name And docress of New Registered Agent 18. Name and Address of New Registered Agent 19. Name and Address of New Registered Agent
Zip Country Zip Country Zip 3 360H 30 Hill Sborough 23 3 360H 30 Hill Sborough 25 Hill Sborough 25 Hill Sborough 26 3 360H 30 Hill Sborough 26 26 Hill Sborough 27 27 27 27 27 27 27 2
9. Name and Address of Current Registered Agent WERNICK, JEFFREY S 1419 W WATERS AVE SUITE 104 TAMPA FL 33604 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or product the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registated agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TILLE NAME WERNICK, JEFFREY S 12. NAME STREET ADDRESS CITY-ST-ZP DELETE 1.3 TITLE DELETE 2.1 TITLE DELETE 2.1 TITLE DELETE 3.3 TIREET ADDRESS CITY-ST-ZP DELETE 3.3 TIREET ADDRESS CITY-ST-ZP Change Ad Change Cha
WERNICK, JEFFREY S 1419 W WATERS AVE SUITE 104 TAMPA FL 33604 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above mand corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by here corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registated agent and use if applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE NAME WERNICK, JEFFREY S SIGNATURE WERNICK, JEFFREY S STREET ADDRESS CITY. ST-ZIP TAMPA FL 33604 INTEL DELETE 1.1 TITLE 1.2 STREET ADDRESS CITY. ST-ZIP Change Ad ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 STREET ADDRESS CITY. ST-ZIP Change Ad ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 BY ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 BY ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 CHANGE STREET ADDRESS CITY. ST-ZIP CHANGE
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the aboven-named corporation submits this statement for the purpose of changing its register office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE PSTD DELETE II TITLE 12. NAME STREET ADDRESS 14.9 WEST WATERS AVENUE #104 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.3 TITLE 2.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.3 STREET ADDRESS CITY-ST-ZIP Change Address CITY-ST-ZIP Change Address CITY-ST-ZIP TITLE 3.3 STREET ADDRESS CITY-ST-ZIP Change Address CITY-ST-ZIP C
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office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the applications of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registrared agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ITILE PSTD WERNICK, JEFFREY S STREET ADDRESS CITY-ST-ZIP TAMPA FL 33604 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE AGENCE AVE ACTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE AGENCE AVE CHANGE ACCITY-ST-ZIP TITLE AGENCE AVE ACCITY-ST-ZIP ACCI
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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 suppliemental 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 receive of 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 argonizent with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

URE REQUIRED

48/98 Date