PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000090914

FILED Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90038 030 ***158.75

Change

Addition

U. S. AL	HUMUTIVE CURP.							
Principal Place of Business Mailing Address				1 108:1108: 110	E() 8 2 E (981 991 441		2011 0101 1001	
635 BELLEAIR RD. 635 BELLEAIR RD.				,		•		
CLEARWATER FL 34616-				DO NOT WRITE IN THIS SPACE				
				3. Date Incorporat				
				12/16/1994				
2. Principal Place of Business		2a. Mailing Address		4, FEI Number		Apr	olied For	
21		26		59-3284062		Not	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Sta	atus Desired	\$8.75 A Fee Rei		
22		City & Ctata			· F:i			
City & State		City & State		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			• 1	
Zip		Zip Country		8. This corporation owes the current year Intangible Personal Property Tax.				
<u> کی 24</u>	156 25	29 33754 30	<u>) </u>		ress of New Registers			
	9. Name and Address of Curren	t Registered Agent	81 Name /).				
JOH	NSON, RICHARD S		K.	icharo S. J	CHNSON	<u></u>		
6425 JUNIPER RD.			82 Street Add	ress (P.O. Box Number is Not Acceptable)				
POR	T RICHEY FL 34668		83	O O P. L. LIV				
			B4 City	<u>;</u>		85 Zip C	ode.	
			84 City CL	EBRWATER	F	L 334	51.4	
11. Pursuant office or r	to the provisions of Sections 607.050: egistered agent, or corts in the State im familiar with and accept the poligar	2 and 607.1508, Florida Statutes, of Florida. Such change was auth	the above-named cor orized by the corporat	poration submits this station's board of directors.	itement for the purpose I hereby accept the app	of changing its cointment as reg	regisfered istered	
agent. I а	m familiar with and adolet the obligat	tions of Section 607.0505, Flonda	a Statutes.		1-7-60	á		
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Re	gistered Agent signature requir	ed when reinstating)	DATE			6
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CH/	NGES TO OFFICERS			9
TITLE	PVT	☐ DELETE	1.1 TITLE			☐ Change	Addition	CR2E034 (11/98)
NAME	JOHNSON, RICHARD S		1.2 NAME	:				怒
STREET ADDRESS	1596 OAK LANE		1.3 STREET ADDRESS	!				ZE
CfTY-ST-ZIP	CLEARWATER FL 33764		1.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	·	☐ Change	☐ Addition	꼾
TITLE	S	☐ DELETE	2.1 TITLE	3	-	Gridinge		
NAME	JOHNSON, JILL C		2.2 NAME					
STREET ADDRESS	1596 OAK LANE CLEARWATER FL 33764		2.3 STREET ADDRESS	٠ ' ا	ů.			
CITY-ST-ZIP	CLEARWATER PL 33/04	☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE			☐ Change	☐ Addition	
TITLE		<u></u>	3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS	,				
CITY-ST-ZIP			3.4. CITY-ST-ZIP	ļ				
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				P-7 A 1 110	
TITLE		☐ DELETE	5.1 TITLE			Change	Addition	
1								
NAME			5.2 NAME 5.3 STREET ADORESS			ಂದಿ ಹೊಡಲಾಗು		<u>. </u>

CITY-ST-ZIP 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 director of the corporation or director of the corporation of the receiver or director of the corporation or director of the corporation of the receiver or director of the corporation of the receiver or director of the corporation of the receiver or director of the corporation of the corporation of the receiver of the receiver of the receiver of the corporation of the receiver o

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

JOHNSON P.V. T. 1-3-99