## 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 # **P94000092959**

1. Corporation Name

MORE CURR APPEAL INC

## FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90036 045 \*\*\*150.00

WORL	OTHE ALL MO				
Principal Place	e of Business	Mailing Address			O KOREO HEDIO IDIDI BIRIN IDIK 1081
3424 W. LEON TAMPA FL 336	A ST	3424 W LEONA STREET TAMPA FL 33629		DO NOT MIDITE IN THE	C CDACE
US		US		DO NOT WRITE IN THIS  3. Date Incorporated or Qualified	S SPACE
				l	
2 Principal P	Place of Business	2a. Mailing Address		12/22/1994 4. FEI Number	Applied For
21 5302		1 2220 Har -	o Bay Blvd.	59-3287569	Not Applicable
Suite, Apt.		26 5502 649 16 Suite, Apt. #, etc.	Lacy Nill		\$8.75 Additional
22 P10.	<u> 2</u>	27 #102		5. Certificate of Status Desired	Fee Required
City & Stat	ر ہے	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Jam		28 10mpa, FC	Country	Trust Fund Contribution	Added to Fees
24 3362	Country	Zig 2/ 20 5	Country 0 45 X	8. This corporation owes the current year In	ntangible XIYes □No
24 0000	9. Name and Address of Currer		0 1010	Personal Property Tax.  10. Name and Address of New Registered	
	9. Name and Address of Curren	it Registered Agent	81 Name	10. Name and Address of New Registered	- rigent
LAF	ALCE, FRANK A				
	PASADENA AVE		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
ST F	PETERSBURG FL 33707		83		
			84 City	Fì	85 Zip Code
1					
11. Pursuant	to the provisions of Sections 607,050	2 and 607.1508, Florida Statutes	, the above-named corp	poration submits this statement for the purpose o	r changing its registered
office or n	registered agent, or both, in the State	of Florida. Such change was aut	horized by the corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoint	pintment as registered
office or r agent. I a	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was aut	horized by the corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appo	changing its registered pintment as registered
office or n	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was aut tions of, Section 607.0505, Floric	horized by the corporati	ion's board of directors. I hereby accept the appo	or changing its registered
office or r agent. I a	registered agent, or both, in the State am familiar with, and accept the obliga Signature, typed or printed name of registered age	of Florida. Such change was aut tions of, Section 607.0505, Floric	horized by the corporati la Statutes.	ion's board of directors. I hereby accept the appo	IND DIRECTORS IN 12
office or r agent. I a SIGNATURE	registered agent, or both, in the State am familiar with, and accept the obligation of the state of registered age of the state of th	of Florida. Such change was autitions of, Section 607.0505, Floridations of the interest of the section of the sec	norized by the corporati a Statutes. egistered Agent signature require	red when reinstating)  DATE	ointment as registered
office or r agent. I a SIGNATURE	registered agent, or both, in the State am familiar with, and accept the obligation of the obligation	of Florida. Such change was autitions of, Section 607.0505, Floridation of the floridatio	norized by the corporati a Statutes.  egistered Agent signature requin 13. 1.1 TITLE 1.2 NAME	red when reinstating)  ADDITIONS/CHANGES TO OFFICERS A	IND DIRECTORS IN 12 Change Addition
office or ragent. I a SIGNATURE  12.	registered agent, or both, in the State am familiar with, and accept the obligation of the obligation	of Florida. Such change was autitions of, Section 607.0505, Floridation of the floridatio	norized by the corporati a Statutes.  egistered Agent signature requin 13. 1.1 TITLE 1.2 NAME	red when reinstating)  ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition
office or ragent. I a SIGNATURE  12. TITLE NAME	registered agent, or both, in the State am familiar with, and accept the obligation of the obligation	of Florida. Such change was autitions of, Section 607.0505, Florid (NOTE: R)  IN DIRECTORS  DELETE	norized by the corporati a Statutes.  egistered Agent signature requin 13. 1.1 TITLE 1.2 NAME	red when reinstating)  ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS	registered agent, or both, in the State am familiar with, and accept the obligation of the obligation	of Florida. Such change was autitions of, Section 607.0505, Floridation of the floridatio	egistered Agent signature required 13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	red when reinstating)  ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State am familiar with, and accept the obligation of the obligation	of Florida. Such change was autitions of, Section 607.0505, Florid (NOTE: R)  IN DIRECTORS  DELETE	egistered Agent signature require  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  7	red when reinstating)  ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition
office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the State am familiar with, and accept the obligation of the obligation	of Florida. Such change was autitions of, Section 607.0505, Florid (NOTE: R)  IN DIRECTORS  DELETE	egistered Agent signature required 13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A  SOZ DAY TO BAY BLVD, 57  AMPLE FL 33429	ND DIRECTORS IN 12 Change Addition
office or ragent. I a SIGNATURE  12. IITLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME	registered agent, or both, in the State am familiar with, and accept the obligation of the obligation	of Florida. Such change was autitions of, Section 607.0505, Florid nt and title if applicable. (NOTE: R)  ND DIRECTORS  DELETE	egistered Agent signature require  13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ADDITIONS/CHANGES TO OFFICERS A  SOZ DAY TO BAY BLVD, 57  AMPLE FL 33429	IND DIRECTORS IN 12 Change Addition Change Addition Change Addition
office or ragent. I a SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the State am familiar with, and accept the obligation of the obligation	of Florida. Such change was autitions of, Section 607.0505, Florid (NOTE: R)  IN DIRECTORS  DELETE	egistered Agent signature require  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	red when reinstating)  ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition
office or ragent. I a SIGNATURE  12.  IIILE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP CONTY-ST-ZIP	registered agent, or both, in the State am familiar with, and accept the obligation of the obligation	of Florida. Such change was autitions of, Section 607.0505, Florid nt and title if applicable. (NOTE: R)  ND DIRECTORS  DELETE	egistered Agent signature require  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 7.4	ADDITIONS/CHANGES TO OFFICERS A  SOZ DAY TO BAY BLVD, 57  AMPLE FL 33429	IND DIRECTORS IN 12 Change Addition Change Addition Change Addition
office or ragent. I a SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the State am familiar with, and accept the obligation of the obligation	of Florida. Such change was autitions of, Section 607.0505, Florid nt and title if applicable. (NOTE: R)  ND DIRECTORS  DELETE	egistered Agent signature require  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A  SOZ DAY TO BAY BLVD, 57  AMPLE FL 33429	IND DIRECTORS IN 12 Change Addition Change Addition Change Addition
office or ragent. I a SIGNATURE  12.  IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State am familiar with, and accept the obligation of the obligation	of Florida. Such change was autitions of, Section 607.0505, Florid it and title if applicable. (NOTE: R ND DIRECTORS DELETE DELETE	egistered Agent signature require  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS A  SOZ DAY TO BAY BLVD, 57  AMPLE FL 33429	ND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition
office or r agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	registered agent, or both, in the State am familiar with, and accept the obligation of the obligation	of Florida. Such change was autitions of, Section 607.0505, Florid nt and title if applicable. (NOTE: R)  ND DIRECTORS  DELETE	egistered Agent signature require  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A  SOZ DAY TO BAY BLVD, 57  AMPLE FL 33429	IND DIRECTORS IN 12 Change Addition Change Addition Change Addition
office or ragent. I a SIGNATURE  12.  IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State am familiar with, and accept the obligation of the obligation	of Florida. Such change was autitions of, Section 607.0505, Florid it and title if applicable. (NOTE: R ND DIRECTORS DELETE DELETE	egistered Agent signature require  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	ADDITIONS/CHANGES TO OFFICERS A  SOZ DAY TO BAY BLVD, 57  AMPLE FL 33429	ND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition
office or ragent. I a SIGNATURE  12.  IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	registered agent, or both, in the State am familiar with, and accept the obligation of the obligation	of Florida. Such change was autitions of, Section 607.0505, Florid it and title if applicable. (NOTE: R ND DIRECTORS DELETE DELETE	egistered Agent signature require  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS A  SOZ DAY TO BAY BLVD, 57  AMPLE FL 33429	ND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition
office or r agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the State am familiar with, and accept the obligation of the obligation	of Florida. Such change was autitions of, Section 607.0505, Florid int and title if applicable. (NOTE: RIND DIRECTORS DELETE DELETE DELETE	egistered Agent signature require  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.5 TITLE 4.5 NAME 4.5 STREET ADDRESS 4.4 CITY-ST-ZIP 4.5 STREET ADDRESS 4.4 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS A  SOZ DAY TO BAY BLVD, 57  AMPLE FL 33429	ND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition Addition
office or ragent. I a SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the State am familiar with, and accept the obligation of the obligation	of Florida. Such change was autitions of, Section 607.0505, Florid it and title if applicable. (NOTE: R ND DIRECTORS DELETE DELETE	egistered Agent signature require  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A  SOZ DAY TO BAY BLVD, 57  AMPLE FL 33429	ND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition
office or ragent. I a SIGNATURE  12.  IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	registered agent, or both, in the State am familiar with, and accept the obligation of the obligation	of Florida. Such change was autitions of, Section 607.0505, Florid int and title if applicable. (NOTE: RIND DIRECTORS DELETE DELETE DELETE	egistered Agent signature require  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	ADDITIONS/CHANGES TO OFFICERS A  SOZ DAY TO BAY BLVD, 57  AMPLE FL 33429	ND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition Addition
office or ragent. I a SIGNATURE  12.  IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the State am familiar with, and accept the obligation of the obligation	of Florida. Such change was autitions of, Section 607.0505, Florid int and title if applicable. (NOTE: RIND DIRECTORS DELETE DELETE DELETE	egistered Agent signature require  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.5 STREET ADDRESS 4.6 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS A  SOZ DAY TO BAY BLVD, 57  AMPLE FL 33429	ND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition Addition
office or ragent. I a SIGNATURE  12.  IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the State am familiar with, and accept the obligation of the obligation	of Florida. Such change was autitions of, Section 607.0505, Florid intended in applicable. (NOTE: RIND DIRECTORS DELETE DELETE DELETE DELETE	egistered Agent signature require  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 3.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.5 STREET ADDRESS 5.6 CITY-ST-ZIP 5.7 STREET ADDRESS 5.7 STREET ADDRESS 5.7 STREET ADDRESS 5.8 STREET ADDRESS 5.9 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS A  SOZ DAY TO BAY BLVD, 57  AMPLE FL 33429	Change
office or ragent. I a SIGNATURE  12.  IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the State am familiar with, and accept the obligation of the obligation	of Florida. Such change was autitions of, Section 607.0505, Florid int and title if applicable. (NOTE: RIND DIRECTORS DELETE DELETE DELETE	egistered Agent signature require  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 5.5 NAME 5.5 STREET ADDRESS 5.6 CITY-ST-ZIP 6.1 TITLE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.1 TITLE 6.5 TITLE	ADDITIONS/CHANGES TO OFFICERS A  SOZ DAY TO BAY BLVD, 57  AMPLE FL 33429	ND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition Addition
office or ragent. I a SIGNATURE  12.  IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the State am familiar with, and accept the obligation of the obligation	of Florida. Such change was autitions of, Section 607.0505, Florid intended in applicable. (NOTE: RIND DIRECTORS DELETE DELETE DELETE DELETE	egistered Agent signature require  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 3.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.5 STREET ADDRESS 5.6 CITY-ST-ZIP 5.7 STREET ADDRESS 5.7 STREET ADDRESS 5.7 STREET ADDRESS 5.8 STREET ADDRESS 5.9 CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS A  SOZ DAY TO BAY BLVD, 57  AMPLE FL 33429	Change

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 3 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #