Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90075 046 \*\*\*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 #

1. Corporatio	e of Business AVE	Mailing Address 6299 CENTRAL AVE ST PETERSBURG FL 33710 US			DO NOT WRITE IN THIS		
					3. Date Incorporated or Qualifed 01/04/1995	017102	
21	zipal Place of Business  2a. Mailing Address  26				4. FEI Number 59-3283205	No	oplied For ot Applicable
Suite, Apt.	·	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·		5. Certifcate of Status Desired		Additional equired
City & Stat	28				6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip <b>24</b>	Country 25	Zip 29 3	Country	<i>t</i>	This corporation owes the current year into Personal Property Tax.	tangible Yes	□No
24	9. Name and Address of Current		<u>v </u>		10. Name and Address of New Registered		
		. regiotorou rigorii	81	Name	IV. Haire and Addition of How Regionales	Aguin	
	INO, JUDY A					·	
6299 CENTRAL AVE ST PETERSBURG FL 33710			82	Street A	Address (P.O. Box Number is Not Acceptable)		
			83				
			84	City	· .	85 Zip (	Code
				City	FL	.   63   24	Jode
office or r agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Florid	a Statutes	<b>3.</b>	corporation submits this statement for the purpose of oration's board of directors. I hereby accept the appoi	changing its ntment as re	registered gistered
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	nt signature re	ADDITIONS/CHANGES TO OFFICERS AN	ID DIBECTO	100 IN 12
TITLE	DPST	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition
NAME	ROMINO, JUDY A		1.2 NAME				
STREET ADDRESS	6299 CENTRAL AVENUE			TADDRESS	•		. 1
CITY-ST-ZIP	ST PETERSBURG FL		1.4 CITY-S				}
TITLE	V	☐ DELETE	2.1 TITLE		U	☐ Change	Addition
NAME	ROMINO, AMY		2.2 NAME		1		ł
STREET ADDRESS	6299 CENTRAL AVENUE		2.3 STREE	TADDRESS	to the second of	•	'
CITY-ST-ZIP	ST PETERSBURG FL		2. 4 CITY-5	ST-ZIP		• •	
TITLE		☐ DELETE	3.1 TITLE		·	☐ Change	☐ Addition
NAME			3.2 NAME				1
STREET ADDRESS			3.3 STREE	ADDRESS	•		
CITY-ST-ZIP		····	3.4. CITY-5	T-ZIP			
TITLE		☐ DELETE	4.1 TITLE		•	Change	☐ Addition
NAME			4. 2 NAME.				
STREET ADDRESS			4.3 STREE	ADDRESS			
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	[m] per exe	4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME	4000000		, "	
STREET ADDRESS			5.3 STREET				
CITY-ST-ZIP		□ sciere	5.4 CITY-S' 6.1 TITLE	I-ZIP			
TITLE		☐ DELETE	O. F TITLE	1		Change	Addition

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 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS