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

SIGNATE ARE OF SIGNING OFFICER OF DIRECTOR

SIGNATURE:

FILED Jun 25, 1999 8:00 am Secretary of State 06-25-1999 90003 027 ***550.00

	1000					1 00-23-1999 9	0003 027	330.	<i>J</i> O
DOCUI 1. Corporation TEXATRO	n Name	5000001182							
Principal Place	e of Business	Mailing Address							
6449 38TH AVE. NORTH 6449 38TH AVE. NORTH									
SUITE A-4 SUITE A-4 ST. PETERSBURG FL 33710 ST. PETERSBURG FL 33710			FI 3371A			DO NOT WRI	TE IN THIS SP	ACE	
SI. PEIENODUI	10 16 33/10	OI. I EILIIGEONO	1 20110			3. Date Incorporated or Qualifed			
						01/01/1995			
2. Principal P	lace of Business	2a. Mailing Addre	SS			4. FEI Number		A	oplied For
21		26				59-3294417			ot Applica
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.			5. Certificate of Status Desired			Additional
22		27				S. Commonto de Citado Doces			equired
City & State	e	City & State				6. Election Campaign Financing Trust Fund Contribution		•	May Be to Fees
Zip	Country	Zíp	Cour	ntry		8. This corporation owes the curr			671
24	25	. 29	30			Personal Property Tax.		Yes	No
	9. Name and Address	of Current Registered Agent		81 Na		10. Name and Address of New F	legistered Age	int	
FIAL	A, JOSEPH J		ļ	Na Na	ıme				
	38TH AVE. NORTH			82 St	reet Addre	ss (P.O. Box Number is Not Accepta	able)		
SUITE A-4			-	83					
ST. PETERSBURG FL 33710				_			_ 		
			_	84 Cit	y		FL	5 Zip	Code
office or c	egistered agent, or both, in m familiar with, and accept	the State of Florida. Such chang the obligations of, Section 607.0	je was authorized 505, Florida Statu	by the dites.	corporation	ration submits this statement for the o's board of directors. I hereby accep	л ше арропшт	nging its ent as re	registere gistered
	Signature, typed or printed name of r		(NOTE: Registered	Agent signa	ature required	ADDITIONS/CHANGES TO OF	DATE FICERS AND I	HRECTO	ORS IN 12
12.	D OFF	ICERS AND DIRECTORS	13. LETE 1.1 T/III	1.F		ADDITIONS/CHANGES TO OF] Change	Add
NAME	FIALA, JOSEPH J	<u> </u>	1.2 NAJ						
STREET ADDRESS	6449 38TH AVE. NOR	TH .		REET ADDI	RESS				
City-ST-ZIP	ST. PETERSBURG FL			Y-ST-ZIP					
TITLE	0	□ DE] Change	Add
NAME	FIALA, GARRICK J		2.2 NA	ME					
STREET ADORESS	6449 38TH AVE. NOR	TH	2.3 STF	REET ADDR	RESS				
CITY-ST-ZIP	ST. PETERSBURG FL	33710	2. 4 CII	TY-ST-ZIP					
TITLE		□ DE	LETE 3.1 TITI	LE	1	•		Change	☐ Add
NAME			3.2 NA	ME	1				
STREET ADDRESS			3.3 STF	REET ADD	RESS				
CITY-ST-ZIP				TY-ST-ZIP				101	
TITLE		☐ DE					_] Change	☐ Add
NAME			4. 2 NA						
STREET ADDRESS	l 			REET ADDI	RESS				
CITY-ST-ZIP				Y-ST-ZIP	-] Change	Add
TITLE	ļ	☐ DE	5.1 T?TI 5.2 NAJ			•	L.	yu	
NAME			•	reet addi	RESS				
STREET ADDRESS				Y-ST-ZIP					
CITY-ST-ZIP] Change	Add
TITLE NAME	1		6.2 NA				_	-	
. 1				REET ADD	RESS				
STREET ADDRESS	1	\sim	1	Y-ST-ZIP					
GIT-31-4P_	l ·				· · · · · · · · · · · · · · · · · · ·				

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 adiplemental 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, of on an attachment with an address, with all other like empowered.