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

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90193 030 ***150.00

DOCUMENT # P9500003327

1. Corporation Name

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

FIDELITY LICENSING CORPORATION

Principal Place of Business			Mailing Address					
				BAYOU PLACIDO BLVD NE				
ST. PETERSBURG FL 33703 ST. PETERSBURG FL 337			3			DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualifed	
							01/10/1995	ĺ
								
_2. Principal Pl	lace of Business	<u> </u>	2a. Mailing Address □					
21			3				59-3308913 Not Applica	—
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	'
22			<u> </u>					
City & State			City & State				6. Election Campaign Financing \$5.00 May Be	- }
23		28					Trust Fund Contribution Added to Fees	
Zip	Country		Zip Coun			,	8. This corporation owes the current year intangible	- 1
24	25 29			30			Personal Property Tax. Yes No	
	9. Name and Address of Current	Regis	stered Agent		ļ.,		10. Name and Address of New Registered Agent	
DEM	(AN THOMAC E				81	Name		Ì
DEWAN, THOMAS E				82 Street Ado			dress (P.O. Box Number is Not Acceptable)	$\neg \neg$
3200 BAYOU PLACIDO BLVD NE			(62)					
ST. PETERSBURG FL 33703			83					1
					_		lea Transaction	
					84	City	FL 85 Zip Code	1
44 Dumunt	to the provisions of Sections 607.0500	and 6	07 1508 Florida Statut	es the a	hove	e-named con	moration submits this statement for the purpose of changing its registere	d
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	of Florid	da. Such chande was a	utnonzeo	עס נ	the corporat	tion's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered agen	t and title	if applicable /NOTE	· Registered	Agen	nt signature requir	ired when reinstating) DATE	
12.	OFFICERS AN			13.	_		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	\overline{z}
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	DEWAN, THOMAS E			12N	1.2 NAME			- 1
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CITY OF 710	1			■ 5.4 C	ıı Y-S	il-21P 1		,

6.4 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.

6.2 NAME

6.3 STREET ADDRESS

DELETE

727-528-1234 THOMAS EIDE WAW Dres **SIGNATURE**

Change

Addition