PROFIT CORPORATION ANNUAL REPORT

1999



DIVISION OF CORPORATIONS

Mar 11, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

03-11-1999 90222 009 ***150.00

i. Corporation	MENT # P95000 INTERPRISES, INC.	003505					
Principal Place	of Business	Mailing Address			1 (20)(93) in 1810) billi boli boli boli boli boli	1 88188 13181 8 1331 1	1818: Best cabe
2727 38TH AVE N 7230 14TH COURT N.E. ST PETERSBURG FL 33702 US					DO NOT WRITE IN THE	S SPACE	
					01/12/1995		- 1
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Apr	plied For
21 26				59-3288363	No	t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 A		
27					5. Certificate of Status Desired	Fee Re	quired
City & State City & State					6. Election Campaign Financing	\$5.00	, ,
23		28	<u> </u>		Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country		8. This corporation owes the current year I		
24	25		30		Personal Property Tax.		□No
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New Registere	ı Agent	
11.177	O, JOHN						
7230 14TH COURT N.E.			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)		
	PETERSBURG FL 33702		83				
			84	City	F	85 Zip C	code
office or n	egistered agent, or both, in the State in familiar with, and accept the obligation	of Florida, Such change was au tions of, Section 607.0505, Flor	itnorized by ida Statutes	the corpor	orporation submits this statement for the purpose ation's board of directors. I hereby accept the app	of changing its ointment as reg	registered gistered
	Signature, typed or printed name of registered agen		Registered Agen	t signature req	quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
12.	D OFFICERS AN	D DIRECTORS DELETE	1,1 TITLE	Т	ADDITIONS/CHANGES TO OFFICERS /	Change	Addition
TITLE	LUTZO, JOHN			ļ			_
NAME			1.2 NAME	ADDRESS			
STREET ADDRESS	ST. PETERSBURG FL 33702		1.4 CFTY-S				
CITY-ST-ZIP TITLE			2.1 TITLE	1-21		Change	Addition
NAME			2.2 NAME		→		-
STREET ADDRESS			2 3 STREET	ADDRESS			
CITY-ST-ZIP			2. 4 CITY-S				
TITLE			3.1 TITLE			☐ Change	Addition
NAME		,	3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY- S	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4, 2 NAME				ļ
STREET ADDRESS			4.3 STREET	ADDRESS			1
CITY-ST-ZIP			4.4 CITY-S	T-ZiP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				-
STREET ADDRESS			5.3 STREE	1			Ì
CITY-ST-ZIP			5 4 C/TY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME	T ADDRESS			
OTREET - DODGGG			■ 0.3 STREE	LADUKESS			

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.

6.4 CITY-ST-ZIP

STREET ADDRESS

SIGNATURE: SIGNATURE AND TYPED OR PRINT