FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # DOCOCOCO

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90107 022 ***150.00

1. Corporation	Name P950000								
Principal Place of Business Mailing Address							I (8\$1148) (18 1818) Still \$2(1) 25(1) 25(1) 40(1) 40(1)		(81) 816) 1881
507 39TH AVE 507 39TH AVE ST PETE BCH FL 33706 US US						DO NOT WRITE IN THIS SPACE			
00							3. Date Incorporated or Qualifed		
•							02/03/1995		
2. Principal Pl	lace of Business	2a. Mail	ing Address				4. FEI Number		lied For
21		26					65-0554491		Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	8.75 A		
22									
23 28			,				Trust Fund Contribution	\$5.00 N Added to	
Zip 24	Country Zip			Coun 30	try		8. This corporation owes the current year Intangi Personal Property Tax.		□No
- L -	9. Name and Address of Current	Registered	Agent				10. Name and Address of New Registered Age	nt	
HARVEY, TREVOR				L	81	Name			
507 39TH AVE ST PETE BEACH FL 33706				82	Street Addre	Address (P.O. Box Number is Not Acceptable)			
31 P	EIE BEACH PL 33700			Ι,	83				
			1	84	City	FL	5 Zip C	ode	
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12.	OFFICERS AND	DIRECTO		13.		<u> </u>	ADDITIONS/CHANGES TO OFFICERS AND D	Change	RS IN 12
TITLE	DPT		☐ DELETE	1.1 ΠΤ			L	Change	
NAME	HARVEY, TREVOR			1.2 NAN		Lanness			
STREET ADDRESS	507 39TH AVE					ADDRESS			
CITY-ST-ZIP	ST PETE BEACH FL				1.4 CITY-ST-ZIP 2.1 TITLE			Change	Addition
NAME	DVPS DELETE HARVEY, MADELINE				2.2 NAME		_	_	
STREET ADDRESS					2.3 STREET ADDRESS				
CITY-ST-ZIP	ST PETE BEACH FL			2. 4 CIT		1	- ma		
TITLE	OFFICE DO TOTAL				3.1 TITLE			Change	☐ Addition
NAME				3.2 NAM	νE				
STREET ADDRESS				3.3 STR	REET	ADDRESS			
CITY-ST-ZIP				3,4. CIT	Y-51	T-ZIP			
TITLE			☐ DELETE	4.1 TITL	E		L	Change	☐ Addition
NAME				4. 2 NA	ME				
STREET ADDRESS				4.3 STR	REET	ADDRESS			
CITY-ST-ZIP			☐ DELETE	4.4 CIT		r-2fP		Change	Addition
TITLE			□ nere ie	5.1 TITL 5.2 NAM			L	,	
NAME						ADDRESS			
STREET ADDRESS				5.4 CIT					
CITY-ST-ZIP TITLE			☐ DELETE	6.1 TTL				Change	Addition
				6.2 NAM	ИE			•	
NAME STREET ADDRESS				1		ADORESS			

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

727 360 5172