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PROFIT CORPORATION **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000024485

CENTRAL	. STROUD GROUP, INC.					
Principal Plac	e of Business	Mailing Address	3		1 (83)(63) (10 (848) Billi Sain Asiti aditi aditi ad	IPA BENEF NEDER MENNE ANSE ANSE SAME
SUITE 101 SUI		2112 NORTH 15TH SUITE 101 TAMPA FL 33605			DO NOT WRITE IN T	HIS SPACE
					3. Date Incorporated or Qualifed 03/27/1995	
2. Principal P	lace of Business	2a. Mailing Add	ress		4. FEI Number	Applied For
21		26			59-3367038	Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.			5. Certificate of Status Desired	\$8,75 Additional Fee Required
22] City & Stat	No.	City & State			Section Committee Committee	Taran
23		} r	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip		Country	8. This corporation owes the current yea	
24	25	29	30	· ¬	Personal Property Tax	[]Yes []No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Register	🔻
CDAD	D ANKE			81 Name	Thomas J. Melluller ress (PO By Number is Not Academate) 12 Ponth 15 The	J_{Λ} .
SPARR, MIKE 2112 NORTH 15TH STREET				82 Street Addr	ress (P.O. Box Number is Not Acpuptable)	A C. to 101
SUITE				83	I NONTH 13 1 3 INCO	1,30/10/
	A FL 33605			[83]		
				B4 City	An. 20	FL 85 Zip Code 33605
11. Pursuant office or i agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligation of the control of t	2 and 607.1508, Flor of Florida. Such char tions of Section 607	ida Statutes nge was auth 0505 Florid	the above-named corporated by the corporated a Statutes.	poration submits this statement for the purposion's board of directors. I hereby accept the applicant, The	e of changing its registered prointment as registered
		and tille if applicable	(NOTE R	egislered Agent signature require	ADDITIONS/CHANGES TO OFFICERS	· 6
12.	OFFICERS AN	D DIRECTORS	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS	[]Change []Addition
NAME	MCMULLEN, JR., THOMAS J			1.2 NAME		
	2112 NORTH 15TH STREET			1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33605			14 CITY-ST-2IP		
TITLE	VPD	[]	DELETE	21 THLE	20000277	[] Chegge [[Addhor]
NAME	SPARR, MICHAEL D			2 7 NAME	30000277 -02/11/99	01085028
STREET ADDRESS	2112 NORTH 15TH STREET			2 3 STREET ADDRESS	****158.	75 ****158.75
CITY-ST-ZIP	TAMPA FL 33605		NECETE	2 4 CITY-ST-ZIP		[] Change [] Addition
TITLE		ניונ	DELETE	31 TITLE		[]] Change [] Addition
NAME OTDERT ADDRESS]			32 NAME 33 STREET ADORESS		İ
STREET ADDRESS CITY-ST-ZIP				34 CITY-ST-ZIP		
TITLE]	DELETE	4 \ TitlE	and the second of the second o	[] Change
NAME				4 2 NAME	$N_{12} = 1$	
STREET ADORESS				43 STREET ADDRESS	$=128$ λKHz_{0}	1
CITY-ST-ZIP	}			44 CITY-ST-ZIP	DK 2/5/99	
TITLE			DELETE	51 TITLE	(1)	[] Change [] Addition
NAME	l l			52 NAME		
STREET ADDRESS	:			5 3 STREET ADDRESS		
CITY-ST-ZIP				54 CITY-ST-ZIP		F10
TITLE	1	[]	DELETE	61 TITLE		[] Change [] Addition
NAME				6.2 NAME		
STREET ADDRESS	5]			63 STREET ADDRESS		1

64 CITY-ST-ZIP 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 13 if changed, or on an attachment with an address, with all other like empowered.

Thomas J. Mc Muller, Jr., President 1-28-49 (813)247-2828 SIGNATURE: