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PROFIT . CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State . DIVISION OF CORPORATIONS

DOCUMENT# P95000025305

1. Corporation Name

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90196 049 ***150.00

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	,								
Principal Place of Business	Mailing Address								
4772 N HALE ST 4772 N HALE ST							•		
TAMPA FL 33614 TAMPA FL 33614					DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or	Qualifed	_		}
					03/27/1995				}
2. Principal Place of Business	2a. Mailing Address				4. FEI Number			Ar	plied For
21	26				59-3308805_			No	t Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certifcate of Status I	Pesired		\$8.75	
22	27				S. Continuoto o otatos			Fee Re	
City & State	City & State				6. Election Campaign F	-		\$5.00	, ,
23	28				Trust Fund Contribut			Added 1	to Fees
Zip Country	Zip	Count	iry		8. This corporation owe		ent year in	tangible □Yes	
24 25 .	29	30			Personal Property Ta 10. Name and Address		enistered		TWO .
9. Name and Address of Current	(Registered Agent	8	31 N	 ame	IV. Name and Address	OI INDIN IN	egratorea	Agoin	
INCE, CHARLES		Ľ			<u> </u>				
4772 N HALE ST		8	32 S	reet Addre	ss (P.O. Box Number is N	ot Accepta	ble)	-	1
TAMPA FL 33614		8	33						
								, , ,	
		8	34 C	ity	5.11.16	13.	∌'FL	85 Zip	Code
Pursuant to the provisions of Sections 607.0502, office or registered agent, or both, in the State of the sections of the section of the	2 and 607 1508. Florida Statut	es, the abo	l ove-na	med corpo	ration submits this statement	ent for the	purpose o	f changing its	registered
The following to the provisions of bookers of hoose	4 Clarida Cuch chanca was a	uthorized b				chu accon	t the appo	intment as re	aistered
office or registered agent, or both, in the State of	or Pionoa, Such Change was a	cido Statut	oy the	corporation	n's board of directors. I her	eny accep	· • • • • • • • • • • • • • • • • • • •		3
agent: I am familiar with, and accept the obligat	ions of, Section 607.0505, FR	rida Statute	oy the es.	corporation	n's board of directors. I her	eby accep			
agent: I am familiar with, and accept the obligat	ions of, Section 607.0505, Fig.	nda Statut	es.		n's board of directors. I her		DATE		
agent: I am familiar with, and accept the obligat	t and title if applicable :- (NOTE	nda Statut	es.				DATE	ND DIRECTO	DRS IN 12
signature. Signature, typed or printed name of registered agent	t and title if applicable :- (NOTE	Registered Ag	es. gent sign		when reinstating}		DATE		
signature typed or printed name of registered agent 12. OFFICERS AN	t and title if applicable. (NOTE	Registered Ag	es. gent sign		when reinstating}		DATE	ND DIRECTO	DRS IN 12
SIGNATURE Signature, typed or printed name of registered agent 12. OFFICERS ANI TITLE D	t and title if applicable. (NOTE	Registered Age 13.	gent sign	sture required	when reinstating}		DATE	ND DIRECTO	DRS IN 12
SIGNATURE Signature, typed or printed name of registered agent 12. OFFICERS ANI TITLE D NAME INCE, CHARLES	Ions of, Section 607.0505, Fio and true of applicable: (NOTE D DIRECTORS	Registered Age 13. 1.1 TITLE	gent sign E E EET ADC	RESS	when reinstating}		DATE	ND DIRECTO	DRS IN 12
SIGNATURE Signature, typed or printed name of registered agent 12. OFFICERS ANI TITLE D NAME INCE, CHARLES STREET ADDRESS 4772 N HALE ST	t and title if applicable. (NOTE	Registered Ag 13. 1.1 TITLE 1.2 NAMI	gent sign E E EET ADC	RESS	when reinstating}		DATE	ND DIRECTO	DRS IN 12
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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 attacement with an address with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR