Mar 04, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000026747

1. Corporation Name

561H SI	HEET ASSOCIATES, COM	1r.			ļ				
Principal Place	of Business	Mailing Address				L 10011001 110 10101 0311	Maria Barri Maria dar	IW 11018 WILLIAM IN WILL	1811 881 881
5035 E. BUSCH		5035 E. BUSCH BLVD.			- (
SUITE 2 SUITE 2									
TAMPA FL 33617 TAMPA FL 33617						DO NOT WRITE IN THIS SPACE			
					ļ	3. Date Incorporated or Q	ualited		
						03/31/1995			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	_	<u> </u>	olied For
21		26				<u>59-3303847</u>			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Des	sired 🗌	\$8.75 A Fee Red	
22		27							
City & State	9	City & State				6. Election Campaign Fina	l I	\$5.00 (Added to	
23		28 Zip	Coun	tru-		Trust Fund Contribution			01.003
Zip	Country	<u>├</u> ¬ `		шу	-	This corporation owes to Personal Property Tax.	•		□No
24	9. Name and Address of Curr	29 29 Agent	30			10. Name and Address o			
	5. Name and Address of Cur	Tent Itegistered Agent		31 Nam			 -		
STEF	PHENS, KENNETH R		Ļ					_ .	
	E. BUSCH BLVD.]1	32 Stree	et Address	(P.O. Box Number is Not	Acceptable)		
SUIT			h	33					
	PA FL 33617								
,,,,,,,			[3	34 City			F	85 Zip C	Code
44 0	to the provisions of Sections 607.0	2502 and 607 1509. Florida St.	tutes the ab	nve-name	ad cornors	tion submits this statement	for the purpose	of changing its	registered
office or re	egistered agent, or both, in the Sta m familiar with, and accept the obl	ate of Florida, Such change wa	s authorized	ov the co	rporation's	s board of directors. I hereb	y accept the app	ointment as rec	gistered
agent. i ai	m ramiliar with, and accept the ooi	igations of, Section 607.0505,	i ionaa owia	.es.					
agent. I at					re required wh	nen reinstation	DATE		
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (N	OTE: Registered A		re required wh		DATE TO OFFICERS	AND DIRECTO	RS IN 12
SIGNATURE	Signature, typed or printed name of registered OFFICERS	agent and title if applicable. (N AND DIRECTORS	OTE: Registered A	gent signatu	re required wh	nen reinstating) ADDITIONS/CHANGES		AND DIRECTO	RS IN 12
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6.4 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

OF SIGNING OFFICER OR DIRECTOR