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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000027106

DOUGLAS J. BARNARD, P.A.

FILED Jan 27, 1999 8:00am **Secretary of State**

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Principal Place	e of Business	Mailing Address			(ABRICATION AND AND AND AND AND AND AND AND AND AN		1000110		
360 CENTRAL	AVE.	360 CENTRAL AVE.		,					•
#1490		#1490							
ST. PETERSBURG FL 33701 ST. PETERSBURG FL 33701					DO NOT WRITE IN THIS SPACE				
US -		US			3. Date Incorporated or Qualif	ed			
		·			04/05/1995		 		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number			lied For	, .
21	****	26			59-3311088			Applicable	3
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		8.75 A		ľ
22		27					Fee Rec	·	
City & Stat	te ·	City & State			6. Election Campaign Financia	^{ng} □	\$5.00 N		
23		28			Trust Fund Contribution		Added to	Fees	
Zip	Country	Zip	Country		8. This corporation owes the o				
24	25	29	30		Personal Property Tax.		7	□No	
•	9. Name and Address of Curren	t Registered Agent			10. Name and Address of Ne	w Registered Age	ent		
			81	Name	•				
	SON, KATHLEEN		82	Street Addr	ess (P.O. Box Number is Not Acce	eptable)			
	CENTRAL AVE	•	52	Queen Alban		eperatus Participations		erra baja rowi	
#14	90	·	83		1965年 3月間約	(特) (大月) (大百)	يُّ الوا الْقُ		
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			84	City	·	FI]	35 Zip C	ode	٠
44 Dimensions	to the provisions of Sections 607.050	2 and 607 1508 Florida Statute	s the above	-named com	oration submits this statement for	the purpose of cha	nging its r	egistered	
office or r	registered agent, or both, in the State (of Florida. Such change was au	ithorized by t	he corporation	on's board of directors. I hereby ac	cept the appointm	ent as reg	istered	
া agent: lia	am familiar with, and accept the obligat	tions of, Section 607:0505, Flor	ida Statutes.				* **		
SIGNATURE	, .	₹.					4.1	<u> </u>	
SIGNATURE			- 1			DATE			
	Signature, typed or printed name of registered agen			signature require	d when reinstating) ,	DATE	DIRECTOR	RS IN 12	á
12.	Signature, typed or printed name of registered agen OFFICERS AN	D DIRECTORS	13.	signature require	d when reinstating) ADDITIONS/CHANGES TO	OFFICERS AND			1007.4
12. ·	Signature, typed or printed name of registered agen OFFICERS AN		13.	signature require		OFFICERS AND	DIRECTOR	RS IN 12	4 (44)(00)
12. TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AN PSTD BARNARD, DOUGLAS J	D DIRECTORS	13. 1.1 TITLE 1.2 NAME		ADDITIONS/CHANGES TO	OFFICERS AND			100/24/200
12. ·	Signature, typed or printed name of registered agen OFFICERS AN PSTD BARNARD, DOUGLAS J 3300 OVERLOOK DRIVE, NE.	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET.	ADDRESS	ADDITIONS/CHANGES TO	OFFICERS AND			(00), 77 70000
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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 attachment with an address, with all other like empowered.