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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris,

Secretary of State

1999

DIVISION OF CORPORATIONS

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DOCUMENT #	₽9500002 <i>9</i> 548	(1) 1	C
1. Corporation Name			

FILED May 13, 1999 8:00 am Secretary of State 05-13-1999 90028 007 ***150.00

	D. INC.								
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Principal Place		Mailing Address							
	N ARMENIA AVE	9710 N ARM	IENIA AV	Æ					
ST A	3 77 33640	ST A				DO NOT WE	RITE IN THIS	SPACE	
	A FL 33612	TAMPA FL 3	33612		3. Date Incorp	orated or Qualife	d		
US		US				/1995			
2. Principal P		a. Mailing Address			4. FEI Numbe	r		Ap	plied For
1 390	1 N. Locust AUC 26		Locust	Ave	59-3	305738		No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of	f Status Desired			Additional
22	27							Fee Re	equired
City & State		City & State	FL			mpaign Financing	' <u> </u>	\$5.00	
23 / A m	Country.	TAMPA	Country		+	Contribution		Added	to Fees
334	25 29	. ~~ / - /	30		8. This corpor Personal Pi	ation owes the cu	rrent year Int	angible Yes	□No
4 234	9. Name and Address of Current Regi		30			Address of New	Registered		
		<u> </u>	81 N	ame	Ter Hambana	74441000 01 11011	Rogioteres	r igenit	
	BRIDE, TERESA								
	001 N. Locust AVE		82 St	reet Addre	ess (P.O. Box Nun	nber is Not Accep	table}		
TA	MPA FL 33604		83		•				
			84 Ci	ity			FL	85 Zip (Code
11. Pursuant i	to the provisions of Sections 607.0502 and	607.1508, Florida Statute	es, the above-na	med corpo	ration submits this	statement for the	purpose of	changing its	registered
	egistered agent, or both, in the State of Flori m familiar with, and accept the obligations o			corporation	n's board of direct	ors. I nereby acce	ept the appoi	ntment as re	gisterea
agent. I ar	in lanilitat with, and accept the obligations of	r, Section 607.0505, Fior	ido Otaldico.						
_	m lamiliar with, and accept the obligations of	r, Section 607.0305, Fibi	ido Otaldico.						
SIGNATURE	Signature, typed or printed name of registered agent and title	of applicable (NOTE:	Registered Agent sign	ature required			DATÉ		·
SIGNATURE	Signature, typed or printed name of registered agent and title OFFICERS AND DIR	e if applicable (NOTE:	Registered Agent sign.	ature required		CHANGES TO O		·	
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